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ABSTRACT

This document is intended to assist schools in developing a comprehensive and multifaceted continuum of mental health programs and services. Following an introductory discussion of the scope of the problem, part 1 examines definitional concerns that must be resolved over time. Part 2 provides a general rationale for mental health services in schools. Part 3 outlines a set of guidelines to clarify the nature and scope of a comprehensive, multifaceted approach to mental health in schools. Part 4 offers an overview of the ways in which mental health and psychosocial concerns are currently addressed in schools. Various delivery mechanisms and formats are described, including school-financed student support services, the school district mental health unit, formal connections with community mental health services, classroom-based curriculum and special pull-out interventions, and the recommended comprehensive, multifaceted, and integrated approach. Part 5 discusses matters related to advancing the field in the context of key concerns. This section focuses on the creation of new capacity building mechanisms; readily accessible resources for materials, technical assistance, and training; and rethinking roles, functions, development, and credentialing of pupil services personnel. Five appendices provide a variety of supportive documents and sources for materials, technical assistance, and training. (Contains approximately 125 references.) (DB)

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ED 454 670

Policy Leadership Cadre for
*Mental Health in Schools**

Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations

May, 2001

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*The document was developed by the *Policy Leadership Cadre for MH in Schools.*
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Leaders for mental health in schools suggest that the well-being of young people can be substantially enhanced by addressing key policy concerns in this arena. In this respect, they recognize that policy must be developed around well-conceived models and the best available information. Policy must be realigned to create a cohesive framework and must connect in major ways with the mission of schools. Attention must be directed at restructuring the education support programs and services that schools own and operate and weave school owned resources and community owned resources together into comprehensive, integrated approaches for addressing problems and enhancing healthy development. Policy makers also must deal with the problems of "scale-up" (e.g., underwriting model development and capacity building for system-wide replication of promising models and institutionalization of systemic changes). And, in doing all this, more must be done to involve families and to connect the resources of schools, neighborhoods, and institutions of higher education.

The above ideas guide the work of the *Policy Cadre for Mental Health in Schools*. If you are interested in becoming a member of the Policy Leadership Cadre for Mental Health in Schools, you can sign up by sending your contact information (name, agency, address, etc) either through email at smhp@psych.ucla.edu or call (310) 825-3634.

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Preface

In June, 1999, our Center hosted a "mini-summit" to enhance initiatives specifically for mental health in schools. The event brought together leaders for an informal exchange on policy and infrastructure concerns. One recommendation was to find ways to increase the leadership pool and establish a *Policy Leadership Cadre for Mental Health in Schools* as a key infrastructure component. This recommendation reflected the general view that such a group could be a direct force for advocacy and action, a catalyst, a focus for capacity building, and provide a critical mass of leaders to provide mentoring.

Following the meeting, our Center began work to expand and coalesce a group that would focus specifically on policy leadership for mental health in schools. The response to initial queries about interest were outstanding, and steps were taken to carry out two regional sessions for Policy Leadership Cadre members and other interested parties (including representatives from various organizations). An east coast work session was held in February 2000 in the D.C. area; a west coast session was held in April. Tasks for initial discussion were how to expand and coalesce the leadership pool for mental health in schools, develop formal linkages and cooperative agreements among relevant organizations and resource centers, facilitate ongoing mapping and monitoring of policy initiatives, and expand advocacy for policy reforms and comprehensive, multifaceted initiatives.

The two regional meetings solidified establishment of the *Policy Leadership Cadre for Mental Health in Schools*. To begin the cadre's work, task groups were formed around three topics: (a) strategies for enhancing organizational linkages, (b) developing a comprehensive "map" of centers and other resource sources, and (c) developing this document

Members of the Cadre task group responsible for this document drew on the written work of many individuals and organizations. Particular attention was paid to published articles, reports, and the professional standards developed by various organizations and commissions concerned with mental health in schools (including state credentialing and licensing bodies). Moreover, the work benefitted from the fact that several members of the Cadre subsequently were invited to participate on Expert Panel #3 of the *National Guidelines Project on Health, MH, and Safety in Schools* – a HRSA funded project carried out by the American Academy of Pediatrics and the National Association of School Nurses.

A first draft of the document was circulated in the period from January through mid-April, 2001. Support for the document, and specific feedback for revisions came from all over the country. The present document incorporates that feedback. It is anticipated that yearly revisions will be made as additional feedback is provided.

The timeliness and importance of this document can be judged by how well it complements and enhances the various federal initiatives undertaken over the last several years to advance the agenda for mental health. We believe, for example, it will be a major resource to the field as efforts are undertaken to achieve the eight goals and multiple action steps outlined in the Surgeon General's national action agenda.

As Surgeon General Satcher noted in releasing the national action agenda for children's mental health:

> *Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them.*

For the *Policy Leadership Cadre for Mental Health in Schools* and the national Centers that are focusing specifically on these matters, the work represents an ongoing commitment to changing this state of affairs by advancing policy and practice.*

Howard Adelman & Linda Taylor

> *What you are about to read remains a work in progress. Feedback is welcome and, indeed, is essential to ensure this document helps advance the field.*

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* See Appendix E for a list of those who were participating in the *Policy Leadership Cadre for Mental Health in Schools* when this document was developed.

Exhibit 1.

Mental Health and Young People: What's the Scope of the Problem?

An estimate done in 1990 indicates mental illness cost the U.S.A. 74.9 billion dollars (National Advisory Mental Health Council, 1990). The causes of negative feelings, thoughts, and behaviors range from environmental/system deficits and minor group/individual vulnerabilities to major biological disabilities. It is the full range of causes that account for the large number of children and adolescents who are reported as having mental health, psychosocial, or developmental problems.

Because of the inadequacies of current data gathering, we must rely on best estimates of mental health (MH) problems in schools, primary health care systems, and juvenile justice systems (e.g., Friedman, Katz-Leavy, Manderscheid, & Sondheimer, 1996). Over the last part of the century, data on diagnosable mental disorders (based on community samples) suggest that from 12% to 22% of all youngsters under age 18 are in need of services for mental, emotional or behavioral problems (Costello, 1989). From 3-5% of school children are considered to have serious behavioral or emotional disabilities, with less than 2% receiving MH services (Hoagwood & Erwin, 1997). Epidemiological studies indicate that, in some communities, two-thirds of children with psychiatric disorders and significant impairment do not receive specialist care (Leaf et al., 1996). Another report (Kelleher et al., 1997) indicates that, of all pediatric visits in the period from 1979 to 1996, the prevalence of psychological problems among children 4 to 15 years of age increased from 7% to 18%. In the Surgeon General's *Call to Action to Prevent Suicide 1999*, the rate of suicide among those 10-14 years of age is reported as having increased by 100% from 1980-1996, with a 14% increase for those 15-19. (In this latter age group, suicide is reported as the fourth leading cause of death.) Among African-American males in the 15-19 year age group, the rate of increase was 105%. And, of course, these figures don't include all those deaths classified as homicides or accidents that were in fact suicides.

All this is further amplified in the Surgeon General's 1999 report on *Mental Health.* That document states that "one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year" – with about 5 percent of all children experiencing "extreme functional impairment." It also states that an estimated 6 to 9 million youngsters with serious emotional disturbances are not receiving the help they need – especially those from low-income families. And, it underscores that "an alarming number of children and adults with mental illness are in the criminal justice system inappropriately." The report warns of the inadequacies of the current MH system and that the situation will worsen because of swelling demographics that are resulting in more older Americans and children and adolescents with MH-related concerns.

(cont.)

Exhibit 1 (cont.)

The picture is even bleaker when one expands the focus beyond the limited perspective on diagnosable mental disorders to the number of young people experiencing psychosocial problems and who are "at risk of not maturing into responsible adults" (Dryfoos, 1990). There is no reason to repeat all the statistics here. Dryfoos (1990) provides estimates of prevalence by sex, age, race/ethnicity, and other relevant factors. And, other reports have amply documented the problem (IOM, 1994; Greenberg, Domitrovich, & Bumbarger, 1999; National Advisory Mental Health Council, 1990; NIMH, 1993, 1998; also see fact sheets and reports on the websites for the SAMHSA's Center for Mental Health Services and the USDOE's Safe and Drug Free Schools Program). For purposes of these guidelines, it is sufficient to note the number of such youngsters in many schools serving low-income populations has climbed over the 50% mark, and few public schools have fewer than 20% who are at risk. An estimate from the Center for Demographic Policy suggests that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant learning, behavior, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty.

It also is relevant to note that a major objective of Healthy People 2000 was to reduce the prevalence of child and adolescent mental health disorders from a 1992 estimate of 20% to less than 17%. This included reducing suicides to no more than 8.2 per 100,000 (in the age bracket 15-19) and the incidence of injurious adolescent suicide attempts to 1.8%. And, the report on leading health indicators for Healthy People 2010 stresses the problem of high rates of failure to graduate high school as strongly associated with poverty and a variety of health problems, and therefore enhancing high school graduation rates is seen as an essential focus. Finally, we note that all current policy discussions in this area stress the crisis nature of the problem in terms of future health and economic implications for individuals and for society and call for major systemic reforms.

Introduction

What is meant by the term mental health in schools?

Ask five people and youll probably get five different answers.

Even with a dictionary-type definition, individual interpretations would likely generate a hodge-podge of approaches. This is why so many leaders in the field have called for clarification of what mental health in schools is and is not. The present document is meant to help do this and more.

It is not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and if students are to learn and perform effectively. Currently, there are almost 91,000 public schools in about 15,000 districts. Over the years, most (but obviously not all) schools have instituted programs designed with a range of mental health and psychosocial concerns in mind (e.g., school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, violence). School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. There is a large body of research supporting the promise of many of the approaches schools are pursuing.

On another level is the reality that for some youngsters schools are the main providers of mental health (MH) services. As Burns and her colleagues (1995) found in their study of children's utilization of mental health services in western North Carolina, "the major player in the *de facto* system of care was the education sector – more than three-fourths of children receiving MH services were seen in the education sector, and for many this was the sole source of care."*

At the same time, there continues to be concern about the place of mental health in schools. Among some segments of the populace, schools are not seen as an appropriate venue for mental health interventions. The reasons vary from concern that such activity will take time away from the educational mission to fear that such interventions are another attempt of society to infringe on family rights and values. There also is the long-standing discomfort so many in the general population feel about the subject of mental health – which often is viewed only in terms of mental illness. And, there is a historical legacy of conflict among various stakeholders stemming from insufficiently funded legislative mandates that have produced administrative, financial, and legal problems for schools and problems of access to entitled services for some students.

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*A national data base on what schools are doing related to mental health does not exist. In the spring of 2001, the federal government set in motion a process to fund a survey designed to clarify the "characteristics and funding of school mental health services." Hopefully, this will prove to be the first step in addressing the broader need for data on all facets of mental health in school.

Whatever one's position is about mental health in schools, we all can agree on one simple fact: *schools are not in the mental health business.* Education is the mission of schools, and policymakers responsible for schools are quick to point this out when they are asked to do more about physical and mental health. It is not that they disagree with the idea that healthier students learn and perform better. It is simply that prevailing school accountability pressures increasingly have concentrated policy on instruction practices – to the detriment of all matters not seen as *directly* related to raising achievement test scores.

Given these realities, the case for mental health in schools probably is best made by not presenting it separately, but embedding it as one element of a comprehensive, multifaceted continuum of programs and services schools need to enable effective learning and teaching. Such a continuum encompasses efforts both to promote healthy development and address barriers to development, learning, parenting, and teaching. Properly developed and implemented, a focus on mental health in schools can contribute toward ensuring all students have an equal opportunity to develop to their fullest cognitive, social, and emotional capabilities. This document is dedicated to these ends.

Specifically:

- Part I underscores definitional concerns that must be resolved over time
- Part II highlights the rationale for mental health in schools
- Part III outlines a set of guidelines to clarify the nature and scope of a comprehensive, multifaceted approach to mental health in schools
- Part IV offers a brief overview of the ways in which mental health and psychosocial concerns currently are addressed in schools
- Part V discusses matters related to advancing the field

To embellish the document's value as a resource aid for policy and capacity building, a variety of supportive documents and sources for materials, technical assistance, and training are provided.

I. Definitional Concerns

There are three key concerns that arise around definitions of mental health.

Mental Health & Mental Illness

First is the widespread tendency for discussions of mental *health* to focus only on mental illness, disorders, or problems. When this occurs, mental health is de facto defined as the absence of these problems, and there is a lack of emphasis on the enterprise of promoting positive social and emotional development. Part of the problem is that so much of the mental health field is focused on problems. A step toward redressing this definitional problem is seen in the Report of the Surgeon General's Conference on Children's Mental Health (2000). Although no formal definition of mental health is given, the vision statement provided at the outset of the report stresses that "Both the promotion of mental health in children and the treatment of mental disorders should be major public health goals." This statement uses the term mental health in ways that are consistent with definitional efforts to use "health" as a positive concept. For example, the Institute of Medicine (1997) defines health as "a state of well-being and the capability to function in the face of changing circumstances." A similar effort to contrast positive health with problem functioning is seen in SAMHSA's Center for Mental Health Services glossary of children's mental health terms. In that source, *mental health* is defined as "how a person thinks, feels, and acts when faced with life's situations. . . . This includes handling stress, relating to other people, and making decisions." This is contrasted with *mental health problems.* The designation *mental disorders* is described as another term used for mental health problems and the term *mental illness* is reserved for severe mental health problems in adults.

Mental Disorders & Psychosocial Problems

The second definitional problem is the tendency to designate too many emotional and behavioral problems as disorders (e.g., translating commonplace behavior into "symptoms" and formal psychiatric diagnoses). For children and adolescents, the most frequent problems are psychosocial, and the genesis of the problems for the majority are socio-cultural and economic. This, of course, in no way denies that there are children for whom the primary factor instigating a problem is an internal disorder. The point simply recognizes that, comparatively, these youngsters constitute a relatively small group. Biases in definition overemphasizing this group narrow what is done to classify and assess problems, prevent problems, and intervene after onset. For example, each year a great many parents and teachers identify large numbers of children (e.g., of kindergarten age) soon after the onset of a problem. This "first level screen" bears little fruit because there are so little resources, especially school-based resources, for intervening early after the onset of a problem – unless the problem is severe and pervasive. Currently, few youngsters can readily access help for an emotional, behavioral, or learning problem unless the problem is severe or pervasive enough to warrant diagnosis as a disorder/disability. As long as this is the case, large numbers of misdiagnoses are inevitable and the response to problems often will be inappropriate and expensive. Furthermore, the amount of misdiagnoses will continue as a major contaminate in research and training. An important way to reduce misdiagnosis and misprescriptions is to place mental illness in perspective with respect to psychosocial problems and broaden the definition of MH to encompass *positive* MH (e.g., the promotion of social and emotional development). Obviously, there must be a strong and aggressive focus on mental illness. At the same time, it is essential to realize that only doing this is a self-defeating public policy agenda. There is enough evidence indicating that efforts to deal with child/adolescent mental illness are hampered by failure to put them into perspective vis a vis psychosocial problems. Appreciation of this fact has profound and fundamental implications for reshaping MH research, training, and practices. Some attention is given to this problem in the Diagnostic Statistical Manual for Primary Care (DSM-PC) developed by the American Academy of Pediatrics.

Mental Health in Schools

Finally, there is the specific problem of defining mental health in schools. Because of the tendency for discussions of mental health to focus mainly on mental illness, disorders, or problems, the attention of school policy makers has been directed primarily to concerns about emotional disturbance, violence, and substance abuse, with a concomitant deemphasis on the school's role in the positive development of social and emotional functioning. It is the hope of the *Policy Leadership Cadre for Mental Health in Schools* that adoption and full implementation of the guidelines presented in Part III of this document will go a long way toward addressing this concern and in the process will help redress all of the definitional concerns described above. As will be evident from the remainder of this document, any definition of mental health in schools must encompass considerations of the school's role related to both positive mental health (e.g., promotion of social and emotional development) and mental health problems (psychosocial concerns and mental disorders) of students, their families, and school staff.

II. General Rationale for Mental Health in Schools

As stressed by the Carnegie Council Task Force on Education of Young Adolescents (1989):

> *School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.*

It is evident that a variety of psychological and physical health problems affect learning in profound ways. And, the problems are exacerbated as youngsters internalize frustrations of confronting external and internal barriers to learning, experience the debilitating effects of performing poorly at school, and are punished for the misbehavior that is a common correlate of school failure.

The scope of concern about students is highlighted in Exhibit 1 at the beginning of this document. As recent widely-reported incidents underscore, violence is a specter hanging over all schools. And, while guns and killings capture media attention, other forms of violence affect and debilitate youngsters at every school. Even though the data sets have been criticized, those who study the many faces of violence tell us that large numbers of students are caught up in cycles where they are the recipient or perpetrator (and sometimes both) of physical and sexual harassment ranging from excessive teasing and bullying to mayhem and major criminal acts. Moreover, any student may suffer the effects of severe anxiety or depression. The rate of suicide among the young remains a constant concern.

The litany of barriers to learning is especially familiar to anyone who lives or works in urban or rural settings where families struggle with low income. In such locales, school and community resources often are insufficient to the task of providing the type of basic (never mind enrichment) opportunities found in higher income communities. The resources also are inadequate for dealing with such threats to well-being and learning as health problems, difficult family circumstances, gangs, violence, and drugs. Inadequate attention to language and cultural considerations and to high rates of student mobility creates additional barriers not only to student learning but to efforts to involve families in youngsters' schooling. Such conditions are breeding grounds for frustration, apathy, alienation, and hopelessness.

School policy makers have a long-history of trying to assist teachers in dealing with problems that interfere with school learning. Prominent examples are seen in the range of counseling,psychological, and social service programs provided by schools. Similarly, policy makers in other arenas have focused on enhancing linkages between schools and community service agencies and other neighborhood resources. Paralleling these efforts is a natural interest in promoting healthy development and productive citizens and workers. This is especially evident in initiatives for enhancing students' assets and resiliency and reducing risk factors through an emphasis on social-emotionallearning and protective factors. Despite all this, it remains the case that too little is being done, and prevailing approaches are poorly conceived and implemented in fragmented ways.

An even more fundamental concern, however, is the low policy priority placed on the whole enterprise of addressing mental health and psychosocial factors that affect youngsters in most schools and communities. In schools, existing programs are characterized as supplemental services, treated as a side show at school sites, and are among the first to go when budgets become tight. In effect, they are marginalized in policy and practice. For this to change, greater attention must be paid to enhancing the policy priority assigned such matters and developing integrated infrastructures. This document is meant as a step toward improvingthe status of current practices and as an immediate aid to those who work so diligently everyday in the best interests of children and adolescents.

III. Guidelines for Mental Health in Schools

Underlying any set of guidelines is a set of principles or tenets. These represent major philosophical commitments. This is not the place for a treatise on such matters, but it helps to list out some of the commitments that underlie the guidelines outlined on the following pages. Thus, we begin by highlighting the synthesis of "key principles for effective frontline practice" set forth by Kinney, Strand, Hagerup, and Bruner (1994).

Some Underlying Principles

At the outset of their synthesis, Kinney and colleagues offer a cautionary note. They stress that care must be taken not to let important principles simply become *the rhetoric of reform, buzzwords that are subject to critique as too fuzzy to have real meaning or impact . . . a mantra . . . that risks being drowned in its own generality.*

With the above caution in mind, we present their list below. This list provides a sense of the general philosophy we think should guide all efforts to address barriers to development and learning, promote healthy development, and strengthen families and neighborhoods.

As key principles, Kinney and colleagues stress:

- a focus on improving systems, as well as helping individuals
- a full continuum of interventions
- activity clustered into coherent areas
- comprehensiveness
- integrated/cohesive programs
- systematic planning, implementation, and evaluation
- operational flexibility and responsiveness
- cross disciplinary involvements
- deemphasis of categorical programs
- school-community collaborations
- high standards-expectations-status
- blending of theory and practice

Furthermore they stress interventions should be:

- family-centered, holistic, and developmentally appropriate
- consumer-oriented, user friendly, and that ask consumers to contribute
- tailored to fit sites and individuals

And finally, interventions should

- be self-renewing
- embody social justice/equity
- account for diversity
- show respect and appreciation for all parties
- ensure partnerships in decision making/shared governance
- build on strengths
- have clarity of desired outcomes
- incorporate accountability

Some Generic Guidelines for Designing Comprehensive Approaches

As will be evident, the principles on the preceding page are reflected in the following list of generic guidelines, most of which have been widely advocated in some form by leaders for systemic changes designed to evolve comprehensive, multifaceted, and cohesive approaches.

An infrastructure must be designed to ensure development of interventions that:

- includes a focus on prevention (including promotion of wellness), early-age and early-after-onset interventions, and treatment for chronic problems,
- is comprehensive (e.g., extensive and intensive enough to meet major needs)
- is coordinated/integrated (e.g., ensures collaboration, shared responsibility, and case management to minimize negative aspects of bureaucratic and professional boundaries),
- is made accessible to all (including those at greatest risk and hardest-to-reach),
- is of the same high quality for all,
- is user friendly, flexibly implemented, and responsive,
- is guided by a commitment to social justice (equity) and to creating a sense of community,
- uses the strengths and vital resources of all stakeholders to facilitate development of themselves, each other, the school, and the community,
- is designed to improve systems and to help individuals, groups, and families and other caretakers,
- deals with the child holistically and developmentally, as an individual and as part of a family, and with the family and other caretakers as part of a neighborhood and community (e.g., works with multi-generations and collaborates with family members, other caretakers, and the community),
- is tailored to fit distinctive needs and resources and to account for all forms of diversity (e.g., culture, gender, disability)
- is tailored to use interventions that are no more intrusive than necessary in meeting needs (e.g., least restrictive environment)
- facilitates continuing intellectual, physical, emotional and social development, and the general well being of the young, their families, schools, communities, and society,
- is staffed by stakeholders who have the time, training, skills and institutional and collegial support necessary to create an accepting environment and build relationships of mutual trust, respect, and equality,
- is staffed by stakeholders who believe in what they are doing,
- is strategically planned, implemented, evaluated, and evolved by highly competent, energetic, committed and responsible stakeholders (including young people).

Furthermore, infrastructure procedures should be designed to

- ensure there are incentives (including safeguards) and resources for reform,
- link and weave together resources owned by schools and other public and private community entities,
- interweave all efforts to (a) facilitate development and learning, (b) manage and govern resources, and (c) address barriers to learning,
- encourage all stakeholders to advocate for, strengthen, and elevate the status of young people and their families, schools, and communities,
- provide continuing education and cross-training for all stakeholders,
- provide quality improvement and self-renewal, demonstrate accountability (cost-effectiveness and efficiency) through quality improvement evaluations designed to lead naturally to performance-based evaluations.

Guidelines' Overview Outline

The following outline has been developed over several years and reflects the work of many contributors. Over the last year, the work has benefitted from the efforts of Expert Panel #3 of the *National Guidelines Project on Health, MH, & Safety in Schools* – a joint project of the American Academy of Pediatrics and the National Association of School Nurses (with funding from HRSA).

For a greater appreciation of the guidelines, see the rationale statements and references related to each guideline presented in Appendix A. Appendix B adds some comments on staff development and outcome evaluation related to the guidelines.

Clearly, no school currently offers the nature and scope of what is embodied in the outline. In a real sense, the guidelines define a vision for how mental health in schools should be defined and implemented.

GUIDELINES FOR MENTAL HEALTH IN SCHOOLS

1. General Domains for Intervention in Addressing Students' Mental Health

1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)
1.3 Providing social/emotional support for students, families, and staff

2. Major Areas of Concern Related to Barriers to Student Learning

2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)
2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

(cont.)

3. *Type of Functions Provided related to Individuals, Groups, and Families*

3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
3.2 Referral, triage, and monitoring/management of care
3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

4. *Timing and Nature of Problem-Oriented Interventions*

4.1 Primary prevention
4.2 Intervening early after the onset of problems
4.3 Interventions for severe, pervasive, and/or chronic problems

5. *Assuring Quality of Intervention*

5.1 Systems and interventions are monitored and improved as necessary
5.2 Programs and services constitute a comprehensive, multifaceted continuum
5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
5.4 School-owned programs and services are coordinated and integrated
5.5 School-owned programs and services are connected to home & community resources
5.6 Programs and services are integrated with instructional and governance/management components at schools
5.7 Program/services are available, accessible, and attractive
5.8 Empirically-supported interventions are used when applicable
5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. *Outcome Evaluation and Accountability*

6.1 Short-term outcome data
6.2 Long-term outcome data
6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

IV. Current Status of Mental Health in Schools

Analyses of what information is available on prevailing approaches to mental health in schools suggest that

- mental health is primarily discussed as if the term were synonymous with problems (e.g., emotional disturbance, violence, and substance abuse) thereby countering efforts to pursue the school's role in promoting positive social and emotional development

- existing MH programs and services in schools mostly stem from ad hoc policy making and as a result not only are they fragmented, but they are so marginalized that little attention is paid to restructuring them and blending them together with other related activity in order to reduce redundancy and enhance effectiveness and efficiency

- despite major initiatives for school-linked services, little attention is paid to doing more than co-locating a few community health and human services at select school sites

It is not surprising, then, that little attention is paid in both policy and practice to developing a comprehensive, multifuceted, and integrated approach that places mental health in schools into proper perspective as a major force for addressing barriers to learning and promoting healthy development.

Our analysis suggests that five delivery mechanisms are being used to provide mental health programs and services in schools (see Exhibit 2 on the next page). The mechanisms take on varying operational formats, and differ in the terms of focus and comprehensiveness, but for the most part, they are not mutually exclusive. Some focus primarily on the treatment of mental health problems. Others include a focus on prevention of such problems; and some encompass a concern for promoting positive mental health (e.g., healthy social and emotional development). In terms of comprehensiveness, some are essentially mechanisms to provide and/or refer for clinical treatment. Others aspire to developing a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens.

To clarify the mechanisms outlined in Exhibit 2, what follows is a brief discussion and a few examples of specific applications across the country. In choosing exemplars, we have drawn on some of the most prominent ones. Obviously, there are many more that warrant attention, and no comprehensive approaches that have satisfactory data documenting their impact. (See the reference section for citations to various compendia of practices.)

Exhibit 2. Delivery Mechanisms and Formats

The five mechanisms and related formats are:

1. ***School-Financed Student Support Services*** – Most school districts employ pupil services professionals such as school psychologists, counselors, and social workers to perform services related to mental health and psychosocial problems (including related services designated for special education students). The format for this delivery mechanism tends to be a combination of centrally-based and school-based services.

2. ***School-District Mental Health Unit*** – A few districts operate specific mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some others have started financing their own School-Based Health Centers with mental health services as a major element. The format for this mechanism tends to be centralized clinics with the capability for outreach to schools.

3. ***Formal Connections with Community Mental Health Services*** – Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care ("wrap-around" services for those in special education). Four formats have emerged:

   - co-location of community agency personnel and services at schools – sometimes in the context of School-Based Health Centers partly financed by community health orgs.
   - formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center
   - formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of MH services
   - contracting with community providers to provide needed student services

4. ***Classroom-Based Curriculum and Special "Pull Out" Interventions*** – Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:

   - integrated instruction as part of the regular classroom content and processes
   - specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
   - curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems

5. ***Comprehensive, Multifaceted, and Integrated Approaches*** – A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:

   - mechanisms to coordinate and integrate school and community services
   - initiatives to restructure student support programs and services and integrate them into school reform agendas
   - community schools

School-Financed Student Support Services

Most school districts employ pupil services professionals such as school psychologists, counselors, and social workers to perform services related to mental health and psychosocial problems (including related services designated for special education students). The format for this delivery mechanism tends to be a combination of centrally-based and school-based services.

Federal and state mandates and special projects tend to determine how many pupil services professional are employed by a district. Governance of their daily practices usually is centralized at the school district level. In addition to school psychologists, counselors, and social workers, other personnel such as school nurses and special education staff (e.g., resource teachers, special counselors for rehabilitation and occupational therapy) play a role in addressing mental health and psychosocial problems. Moreover, these professionals often extend their impact through supervision of aids, paraprofessionals, and volunteers working in various school programs (e.g., classrooms, office, playgrounds, afterschool programs, and enrichment programs).

Any of the above personnel may be engaged in a wide array of mental health related activity, including promotion of social and emotional development, direct services and referrals, outreach to families, and various forms of support for teachers and other school personnel. The focus may be on (1) prevention and prereferral interventions for mild problems, (2) programs aimed at reducing high frequency psychosocial problems, and (3) strategies to meet the needs of severe and pervasive mental health problems.

While there is a great deal of day to day pressure for each school professional to work alone on a case-load, schools have increasingly created infrastructures to promote collaboration and cooperation. The most widely used is the case-focused team. This problem solving approach brings together support staff, teachers and often family members and the student to discuss the student's problems and strengths, review the effectiveness of past interventions, rethink strategies and feasible accommodations, and identify next steps. If problems are severe and pervasive, student support staff may be involved in more formal assessment to see if students qualify for special education programs and/or other referrals. If special education is considered, an Individual Educational Program (IEP) team then determines whether the student meets criteria, and if the decision is yes, they work together with families to construct the specific plan. When related services, such as counseling are part of the IEP, such services often are provided by support staff.

Exemplar

Most school districts distribute their pupil service personnel according to an established formula that results in assignment of an individual on a part time basis to multiple schools. Some schools supplement these allotments by using their budget allocation related to Title I or funds acquired through special project grants that allow for hiring additional support service staff. Under this type of format, support service personnel tend to pursue traditional roles and functions associated with their field of specialization and the mandates delineated in the categorical funding that provides their salaries. The result has been a considerable degree of piecemeal and fragmented activity that has not had a sufficient impact on the major problems students and schools are experiencing.

In contrast, some places have experimented with alternative ways to allocate student support service resources. For example, the **Denver Public Schools** has designed the following process for addressing the matter. The process calls for the District coordinators to inform each school of the total amount of support service time/salary they can have. It also calls for providing a menu of options describing "non-traditional use of Specialized Services staff." This involves detailing skills that could be carried out by any support staff member (e.g., nurses, social workers, psychologists) and the skills that are unique to each profession (either due to mandate or specialized training). Schools and clusters of schools can then decide on the best combination of support staff based on the needs of their building or community. In the first year of the new process, 24 school opted to combine services that had traditionally been the responsibility of one professional and were then able to have one support staff in their building for a greater amount of time.

School-District Mental Health Unit

A few districts operate specific mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some others have started financing their own School-Based Health Centers with mental health services as a major element. The format for this mechanism tends to be centralized clinics with the capability for outreach to schools.

The organization of mental health personnel in most school districts tends to be by profession (e.g., school psychology unit, counseling unit). In a few districts, there is a multidisciplinary unit operating from centralized locations and providing intensive interventions for students and families to address a range of mental health and psychosocial concerns. This is particularly the case where organized school mental health units are in operation. In such units, there may be social workers, school psychologists, psychiatric nurses, psychiatrists, and clinical psychologists. These professionals staff centralized clinics and outreach to schools to provide direct services and consultation to school staff. Where districts are taking the lead in establishing and financing school-based health centers, the trend is for such centers to incorporate the same type of functions pursued by clinics operated by school mental health units.

Exemplars

In **Memphis City School District**, a unit designed to integrate mental health services has been in operation since 1969. The staff are primarily school psychologists and social workers organized into teams. The unit provides a variety of clinical and consultation mental health services in support of school programs. There are three satellite mental health centers housing staff who rotate through each school in the district on a regular basis. Their primary functions are to offer psychological evaluations, counseling/therapy, abused/neglected children services, alcohol and drug abuse services, school based prevention efforts, homemaker services, staff development, parent study groups, speaker bureau, compliance/reporting/record keeping.

Since 1945 , the **Los Angeles Unified School District** has operated a School Mental Health Unit. The unit makes services available to the entire school population through school referrals to one of three clinics. Services offered include psychiatric and psychosocial assessments; individual, group, and family therapies; case management; crisis intervention; and program development and demonstration projects. The unit is staffed by psychiatric social workers, clinical psychologists, psychiatric nurses, and child psychiatrists. There is close collaboration with other school staff support service staff, and with teachers and administrators. The clinics are a site for research associated with moving empirically supported treatments from the laboratory to clinic settings. The unit has administrative responsibility for the training and operation of all district level crisis intervention teams. Through an interagency contract, the unit has become a MediCal Certified Child Psychiatry Outpatient Clinic and a Los Angeles County Department of Mental Health Contract Provider for the Children and Family Services Bureau.

Formal Connections with Community Mental Health Services

Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care ("wrap-around" services for those in special education). Four formats have emerged:

- co-location of community agency personnel and services at schools -- sometimes in the context of School-Based Health Centers financed in part by community health organizations
- formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center
- formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of mental health services
- contracting with community providers to provide mandated and designated student services

Whether initiated by the community or the school, this delivery mechanism is intended to increase access to MH services and, in some formats, to enhance coordination among services for students and their families. Some problems have arisen related to some formats. For example, the co-location approach often has produced a new form of fragmentation in which community personnel occupy space at a school but operate as a separate entity from school support programs and services. Another problem is that some policy makers have begun to view school-linked services as a less expensive way to provide mandated student support services, and this perspective is increasing policies for "contracting-out" services – thereby reducing/ eliminating pupil personnel positions. The unfortunate result of such policies is the reduction of resources available to schools for addressing mental health and psychosocial concerns.

Exemplars

Co-location

Baltimore School-Based Health Centers work with the Baltimore Mental Health Systems, an independent local mental health authority, to integrate MH care into 46 school-based health centers that are under the state's managed care plan. Students at these centers use MH services more than any other type of service. In 15 centers, the MH component is part of a full-service school-based health center, in 65 schools the mental health provider comes into the schools on a periodic basis to provide services. These school-based mental health services are available to all students in regular education. Schools provide in-kind support and space. Services include assessment, treatment, referral, suicide prevention, group and family counseling, psychiatric evaluation. Students are referred by school staff or self-referral.

In **Albuquerque, New Mexico,** public school Medicaid managed care for school-based/linked mental health services increases resources available for school-based care and expands the size of the managed care network for behavioral health organizations. For example, the University of New Mexico's School of Medicine offers a community-based program of satellite clinics or school-based health centers. These provide a range of services, including primary physical health care and mental health treatment. The University began accessing Medicaid reimbursement for mental health services in 1994 on a fee for service basis. In 1998 the state Medicaid managed care programs led to contracts with behavioral health care organizations to provide mental health and substance abuse services. Another program, through the State Department of Health's Office of School Health, links mental health services directly to school sites. Services include individual, family, and group therapy; case management; and behavior management provided by a licensed social worker or a psychiatrist. The behavioral health organizations have established prior authorization policies for 10 outpatient sessions, automatically, and 10 more can be offered with authorization.

Linked Services

Many states have established school-linked services initiatives. Some are described below; others include Missouri' "Caring Communities," California's "Healthy Start," Washington State's "Readiness to Learn," and many more.

New Jersey's School Based Youth Services Program This school-linked services initiative was developed by the NJ Department of Human Services to link education and human services health and employment systems. All projects provide MH and family counseling, health, and employment services at one site for "one-stop shopping." Each site offers a comprehensive range of services, including crisis intervention, individual and family counseling, primary and preventive health services; drug and alcohol abuse counseling, employment counseling/training/placement, summer/part-time job development, referrals to health and social services, and recreation. Some sites offer day care, teen parenting, family planning, and transportation. The program operates in 30 urban, suburban, and rural school districts, with at least one site per county. Grants are offered to coalitions of community groups. Applications are jointly filed by a school district and one or more local nonprofit or public agency.

Kentucky's Family Resource and Youth Services Centers. This school-linked coordinated services initiative was established as part of Kentucky's Education Reform Act of 1990. Family Resource Centers at elementary schools provide family support and education, training for day-care providers, and referral services. Youth Services Centers at middle and high schools provide employment counseling/training/placement, mental health counseling, and referrals. Full time coordinators develop and broker and a wide range of services.

(cont.)

Exemplars (cont.)

The federal Safe Schools/Healthy Students Initiative is a collaborative effort of the Depts. of Health and Human Services, Education, and Justice that awards grants to school districts to implement comprehensive, community wide strategies for creating safe and drug-free learning environments and promoting healthy childhood development. The aim is to enable students, schools, and communities to enhance educational, mental health, social service, law enforcement, and , as appropriate, juvenile justice services. It is also designed to create activities for students that aid in the development of social skills and emotional resilience. Across the country, sets of local education, public mental health, law enforcement, juvenile justice, families, and students are developing community wide strategies for school safety, drug and violence prevention and early intervention, school and community mental health, early childhood programs, education reform and safe school policies.

Partnerships

Dallas Public Schools' Community Partnerships. In 1995, the Dallas Public Schools formed partnerships with the Community Oriented Primary Care Division of Parkland Health and Hospital System and the Child and Adolescent Services Division of the Dallas Mental Health-Mental Retardation Agency. This led to establishment of ten school-based/linked Youth and Family Centers. The school district used federal (ESEA) Title XI funds for coordination of services and administration and paid for infrastructure costs; the community agencies staffed the services. Because of the partnership, a wide set of services have been offered to students and their families, including medical care, intensive mental health counseling, general counseling, emergency and crisis intervention, after school activities, adult classes, and more. The mental health treatment team at a center includes a child and adolescent psychiatrist, other licensed mental health professionals, and other school staff. Therapeutic interventions have been provided by school and agency staff (licensed psychologists, social workers, counselors, play therapists, marriage and family counselors). Agency staff provided 24 hour back-up for crisis intervention (including an emergency hotline and mobile crisis teams) and hospitalization. Family sessions often are combined with individual therapy; with other help added as necessary – including school interventions and medication. Staff provided social skills training, crisis intervention, teacher consultation/training to address school-wide problems, such as violence and stress/burnout.

Florida' sFull Service Schools. In Florida, the County School Board and Department of Children and Families are primary partners in bringing site teams from city and county public agencies to high-risk students. Counseling and support services are provided for families experiencing problems. Each school is governed by a site team of parents, teachers, students, staff and community who make recommendation on priorities.

Contracting For Mandated and Designated Student Services

No specific place quite captures the full picture of "contracting-out." The approach is quite often seen in relationship with special education designated services, such as counseling. While these can be provided by school staff, such as school counselors, social workers, or psychologists, some school districts contract privately for such services. As policies for inclusion have become more of concern, this practice occurs mostly in small school districts where pupil personnel are not available in sufficient numbers to meet the mandated needs. Other instances arise when district policy makers decide only to meet mandates and determine it is less expensive to contract for these services with outside agencies. In some places, contract agency staff link to schools as providers for the Early Periodic Screening, Diagnosis, and Treatment program. A broader example is seen in places where contract agencies provide a range of mental health services on school campuses for students designated as eligible by county mental health assessment.

Classroom-Based Curriculum and Special "Pull Out" Interventions

Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:

- integrated instruction as part of the regular classroom content and processes
- specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
- curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems

Mental health in schools reaches into the classroom through general instructional processes and special assistance strategies. Teachers who are sensitive to the importance of promoting social and emotional development can integrate such a focus seamlessly into their daily interactions with students. This may or may not include devoting part of the day to teaching a curriculum designed to foster relevant knowledge, skills, and attitudes. In some instances, other personnel come to the classroom or take students to another site in the school to teach such a curriculum or to involve students in special interventions designed to address specific problems. Because of the limited impact on problem behavior of only pursuing a curriculum, there has been constant advocacy for weaving classroom programs into multifaceted strategies.

Exemplars

Integrated into the Classroom Day

Promoting the core of social and emotional competence. A Consortium funded by the W. T. Grant Foundation (1992) has delineated a core list. This provides a framework that school staff can use as guidelines for promoting healthy social and emotional development throughout the school day.

Specific Curriculum and Special Interventions

Social Competence Promotion Program. This structured curriculum, developed by Roger Weissberg and his colleagues, focuses on general skills training with domain-specific instruction and application to substance use prevention. The curriculum encompasses units on stress management, self-esteem, problem solving skills, substance and health information, assertiveness training, and social networks. It is designed to enhance protective factors by teaching conflict resolution and impulse control.

(cont.)

Exemplars (cont.)

Promoting Alternative Thinking Strategies (PATHS). This widely used curriculum was developed by Marg Greenberg and his colleagues. It is designed to promote emotional and social competencies, reduces aggression and behavior problems, while enhancing the educational process in the classroom. It is designed for use by educators and counselors in a multi-year, universal prevention model. The curriculum provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem solving skills.

Primary Mental Health Project' s pullout mental health intervention. Operating under various names (Primary Intervention Program; Early Mental Health Initiative), this approach was developed by Emory Cowen and his colleagues. It focuses on young children with school adjustment problems such as shyness, aggression, or inattentiveness. A specially trained paraprofessional takes a child out of the classroom into a specially designed "play" room and uses play techniques and reflective listening to help the youngster enhance coping skills.

Curriculum Approach as Part of a Multifaceted Set of Interventions.

Seattle Social Development Project is a universal, multidimensional intervention developed by J. David Hawkins and Richard Catalano and their colleagues. It is designed to increased prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning, allowing students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. Sessions encourage parents to improve communication between themselves, teachers and students; create positive home learning environments; help their children develop academic skills, and support their children's academic progress.

Project ACHIEVE is a school reform program targeting academically and socially at-risk and underachieving students. The program was developed by Howard Knoff and incorporates and extends the Stop & Think Social Skills Program developed by George Batsche. The focus is on whole-school professional development to teach and reinforce critical staff skills for addressing the academic and behavioral needs of all students. There is a particular emphasis on social skills and conflict resolution, improving achievement, facilitating positive school climate, and increasing parent involvement and support. The seven interdependent components of the program are: (1) Strategic Planning and Organizational Analysis and Development, (2) Referral Question Consultation Process (RQC), (3) Effective Classroom Teaching/Staff Development, (4) Instructional Consultation and Curriculum-Based Assessment, (5) Behavioral Consultation and Behavioral Interventions including the school-wide and parent/community use of social skills (or problem solving) and aggression control training, (6) Parent Training, Tutoring, and Support, and (7) Research and Accountability.

Comprehensive, Multifaceted, and Integrated Approaches

A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools.

Three formats are emerging:

- mechanisms to coordinate and integrate school and community services
- initiatives to restructure student support programs and services and integrate them into school reform agendas
- community schools

Around the country, a few pioneering initiatives are coming to grips with the realities involved in addressing barriers to student learning and promoting healthy development. In doing so, they are taking advantage of existing opportunities to use categorical funds flexibly and to request wavers from regulatory restrictions. They also are using specialized personnel and other resources in increasingly cross-disciplinary and collaborative ways.

By moving toward comprehensive, multifaceted, and integrated approaches, these initiatives have started to redefine their relationship to school reform movements in order to end the marginalization of education support programs and services. For example, some approaches are conceived in terms of being an essential component of school reform and are calling on policy makers to recognize them as such. Moreover, they are demonstrating the reality of this position. Exemplars have been developed that explicitly expand school reform policy and practices beyond the prevailing limited perspective on restructuring (1) instructional and (2) management functions. These demonstrations address barriers to student learning as a third set of primary and essential functions for enabling students to have an equal opportunity for success at school.

Exemplars

Coordinated and Integrated School and Community Services

Systems of Care. In states and localities across the nation, this initiative focuses on developing systems to coordinate and integrate mental health and related services and supports designed to help a child or adolescent with serious emotional disturbances. Local public and private organizations work in teams to plan and implement a tailored set of services for each individual child’s physical, emotional, social, education, and family needs. Teams include family members and advocates and may include representatives from mental health, health, education, child welfare, juvenile justice, vocational counseling, recreation, substance abuse. The range of services may include case management, community-based in-patient psychiatric care, counseling, crisis residential care, crisis outreach teams, day treatment, education/special education services, family support, health services, independent living supports, intensive family-based counseling, legal services, protection and advocacy, psychiatric consultation, recreation therapy, residential treatment, respite care, self-help support groups, therapeutic foster care, transportation, tutoring, and vocational counseling. A case manager facilitates the individualized treatment plan.

Restructuring of Student Supports and Integrating with School Reform

New American Schools’ Urban Learning Center Model. This is one of the comprehensive school reform designs federal legislation encourages school to adopt. It incorporates a comprehensive, multifaceted , and integrated approach to addressing barriers to learning as a third component of school reform -- equal to the instructional and governance components. This third enabling component is called "Learning Supports." In addition to focusing on addressing barriers to learning, there is a strong emphasis on facilitating healthy development, positive behavior and asset-building as the best way to prevent problems. An emphasis is on weaving together what is available at a school, expanding these resources through integrating school/community/home resources, and enhancing access to community resources through formal linkages A key operational infrastructure mechanism is a resource-oriented team focusing on clarifying resources and their best use. The elements of the learning supports component at each school involve: classroom-focused enabling to ensure a potent focus on commonplace behavior, learning, and emotional problems, support for transitions, crisis assistance and prevention, home involvement in schooling, student and family assistance, and community outreach for involvement and support.

Hawai’ i’ sComprehensive Student Support System. This is the umbrella concept under which the state's Department of Education is developing a continuum of programs and services that support a school’s academic, social, emotional, and physical environments so that all students learn. The system provides five levels of student support: basic support for all students, informal additional support through collaboration, services through school-level and community programs, specialized services from the Department of Education and/or other agencies, and intensive and multiple agency services. The aim is to align programs and services in a responsive manner to create a caring community. Key elements of the program include personalized classroom climate and differentiated classroom practices, prevention/early intervention, family involvement, support for transitions, community outreach and support, and specialized assistance and crisis/emergency support and follow through. This range of proactive support requires teaming, organization and accountability. To help achieve all this, a cadre of school-based and complex-level Support Service Coordinators are being trained.

(cont.)

Exemplars (cont.)

Los Angeles Unified School District. Several years ago, the district formulated a *Strategic Plan for Restructuring of Student Health and Human Services.* The goals were to (1) increase effectiveness, and efficiency in providing learning supports to students and their families and (2) enhance partnerships with parents, schools, and community-based efforts to improve outcomes for youth. Building on the same body of work that was use in developing the Urban Learning Center model, the plan called for a major restructuring of school-owned pupil services in order to develop a comprehensive, multifaceted , and integrated "Learning Supports" component to address barriers to learning. Key operational infrastructure mechanisms are a school-based resource team and a cluster coordinating council that focuses on clarifying resources and their best use -- all of which are concerned with developing the key elements of the learning supports component at each school. To facilitate restructuring, a cadre of change agents called Organization Facilitators was developed (initially supported through a combination of federal funds as established in Title XI of the Improving Americas Schools Act). The plan called for these change agents to assist each school in establishing the infrastructure at a school and for a high school feeder pattern with the aim of enhancing resource use and integration of resources from the community.

Community Schools

Children' sAid Society, Community Schools in New York City is a partnership between the Children's Aid Society, the New York City Board of Education, the school district, and community based partners. The focus is on a model that is designed to help strengthen the educational process for teachers, parents, and students in a seamless way. The approach combines teacher and learning with the delivery of an array of social, health, child and youth development services that emphasizes community and parental involvement. Current demonstrations provide on-site child and family support services -- from health-care clinics and counseling to recreation, extended education, early childhood programs, job training, immigration services, parenting programs and emergency assistance.

A Note About the Research Base for Current Models

A common concern that arises around the reporting of any "exemplar" is: What is the research base for the work (e.g., what are the supportive data)? Various terms are used including research-based, empirically-supported, and empirically-validated. The concern about data stems from increasing demands for accountability, as well as the desire of scholars to improve the state of the art related to interventions. Exemplars often do not have their own data-base. Those cited here generally are built on an extensive literature reporting positive, albeit limited, findings about the outcomes of various facets of the program (see Center for Mental Health in Schools, 2000). The literature provides a menu of promising practices, with benefits not only for schools (e.g., better student functioning, increased attendance, and less teacher frustration), but for society (e.g., reduced costs related to welfare, unemployment, and use of emergency and adult services).

A General Caveat About the Research Base

Enthusiasm about positive findings related to mental health intervention always must be tempered by the reality of the restricted range of dependent variables (e.g., short-term improvement on small, discrete tasks), limited generalization, and uncertain maintenance of outcomes. With respect to individual treatments, most positive evidence comes from work done in tightly structured research situations (e.g., "hot house" environments); unfortunately, comparable results are not found when prototype treatments are institutionalized in school and clinic settings. (see Weisz, Donenberg, Han, & Kauneckis, 1995, for discussion of this matter specifically focused on psychotherapy; see Gitlin, 1996, for a comparable discussion related to psychopharmacology.) Similarly, most findings on classroom and small group programs reflect short-term experimental studies (usually without any follow-up phase). It remains an unanswered question as to whether the results of such projects will be sustained when prototypes are translated into widespread applications. And the evidence clearly is insufficient to support any policy restricting schools to use of empirically-supported interventions. Clearly, the state of the art is promising, and the search for better practices remains a necessity. And, support must be made available not only for studying specific programs, but for the development and evaluation of comprehensive, multifaceted approaches.

V. Advancing the Field

Those concerned with expanding what schools do to enhance youngsters' mental health must (a) help address some basic concerns that are hampering the field, (b) work to create some new capacity building mechanisms, and (c) make use of the wealth of available resources.

Key Concerns

At this point (viewed through the complementary lenses of addressing barriers to learning and promoting healthy development), it seems reasonable to suggest that all who favor expanding what schools do to enhance the well-being of youngsters must join in the efforts to ensure that

- mental *disorders* are understood and addressed within the broader perspective of psychosocial problems and mental *health* is understood in terms of strengths, as well as deficits
- *collaborative efforts* related to the respective roles of schools, communities, and homes are enhanced and pursued effectively
- critical *equity considerations* are addressed
- the prevailing *marginalization and fragmentation* of policy, organizational infrastructures, and daily practice are countered and result in increased financing
- the challenges of *evidence-based strategies* and *achieving results* are addressed *in ways that enhance large-scale intervention effectiveness.*

The challenge for those focused on MH *in schools* is not only to understand these matters, but to function on the cutting edge of change so that the concerns are well-addressed. In this respect, it is well to stress that these matters permeate the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (2001) and their relationship to schools is reflected in many of the specific recommended action steps.

A few thoughts about each of the above matters may help clarify some points.

Definition. Biases in definition overemphasizing mental disorders narrows what is done to classify and assess problems, prevent some, and intervene after onset. The problem remains that mental health is too often seen as the absence of mental illness/disorders, thereby deemphasizing positive mental health (i.e., the development of social and emotional functioning). Furthermore, too little attention has been given to developing classification systems and differential diagnostic procedures that can ensure mental disorders are adequately differentiated from psychosocial problems.

As noted in Part I, few youngsters currently can readily access help unless their problem is severe or pervasive enough to warrant diagnosis as a disorder/disability. This means that large numbers of misdiagnoses are inevitable, prescribed treatments often are inappropriate and expensive, and research and training frequently are corrupted

With specific respect to MH in schools, adoption and full implementation of the guidelines presented in Part III of this document will go a long way toward addressing the definitional concerns described in this document.

Collaborations: School-community-home. The push for collaboration has stimulated discussions about potentially valuable system changes. Such discussions generally recognize the difficulty of establishing collaborations that attempt to span organizations and stakeholder groups that represent diverse cultures, agendas, and capabilities. However, there often is a disconnect between analyses of the difficulties and practices that are pursued. One unfortunate side effect is that many groups are brought together to "collaborate" without taking time to build a cohesive sense of vision, commitment, and readiness for change. Thus, it is not surprising that the "not another meeting" phenomenon has surfaced.

Policy simply calling for collaboration to enhance communication and reduce service fragmentation and redundancy is insufficient. Indeed, in the long run, it well may be counter-productive to improving intervention effectiveness.

The example of school-linked services initiatives illustrates the point. Such initiatives tend simply to focus on co-locating a limited amount of community agency resources on a few school campuses. On the positive side, such cooperative ventures provide some "clients" easier access and attract some who otherwise would not have received services. It also allows some areas of intervention such as child welfare and juvenile justice programs to work more closely with other community and school resources. The work also demonstrates the feasibility of community agencies coming to school sites. On the negative side, such services are woefully inadequate to meet the needs of students and without fully integrating with school operated programs and services, school-linked services are producing a new form of fragmentation. Moreover, some policymakers are pointing to the demonstrations as evidence that community services can replace school-owned and operated support services. Such a policy is likely to have a number of serious repercussions, including reducing the overall pool of resources for addressing barriers to learning and preventing efforts to reform and restructure existing resources to evolve a comprehensive approach.

Collaboration is not simply about integrated services. Nor is it about establishing school-community councils or better school-home communication. It is about developing a school-community-home infrastructure that maps, analyzes, and uses the resources of all in better ways. Such an infrastructure is essential to developing mental health in schools in the context of the type of comprehensive, multifaceted, and integrated approach essential for addressing complex problems in the most cost-effective manner.

Equity, marginalization, and financing. To date, there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a "big picture" analysis, policymakers and practitioners are deprived of information that is essential to determining equity and enhancing system effectiveness.

At the same time, there can be no illusions about current allocations. Even in situations where public school and community agency resources are combined, there is no reason to believe that existing resources are sufficient.

Exhibit 3 on the next page highlights the status of current picture related to funding for children's mental health. A reasonable policy conclusion is that the level of public funding and health plan coverage is grossly inadequate. In general, the nature and scope of financial support for MH and psychosocial concerns is marginalized in policy and practice, categorical in law and related regulations, fragmented in planning and implementation, and inequitable with respect to access. As a result, there are too few programs and services available to many youngsters, and what is available too often is inadequate in nature, scope, duration, intensity, quality, and impact. For those in crisis and those with severe mental impairments, financing is only sufficient to provide access to a modicum of treatment and even this is not accomplished without creating major inequities of opportunity. For the large numbers of youngsters seen as "at risk," current financing does expose a significant number to a range of interventions, however, such exposure typically is rather superficial. Schools are in a unique position to improve this state of affairs. To do so, the prevailing trends to marginalize and fragment mental health in schools must be reversed.

Exhibit 3: **Funding for Mental Health**

As the Surgeon General's recent report on MH underscores, the nation's response to mental illness is inadequately financed. This ensures that substantial numbers cannot access needed services. Moreover, access to existing services reflects major sociocultural disparities. (And, given this state of affairs, it is hardly surprising how limited funding is for programs to foster social and emotional development and overall wellness.)

Despite limited data on financing, some points can be extrapolated from available studies. For one, the public sector does the greatest proportion of financing of MH services because insurance coverage is not on a par with coverage for physical health. A second point that emerges is that the vast proportion of public and private funding for MH is directed mainly at addressing severe, pervasive, and/or chronic psychosocial problems. For example, in the last decades of the 20th century, support for MH services came mainly from legislation designed for youngsters with diagnosed emotional and behavioral "disabilities" and "mental illnesses" or to address problems such as violence and substance abuse. On a lesser scale, legislation also provided for those living in poverty to access early periodic screening, diagnosis, and treatment for MH problems. However, as often has been the case related to public financing for MH, many states and localities have been reticent to underwrite and promote intervention activity. Consequently, passage of legislative mandates and monitoring to ensure full compliance still tend to be done reluctantly and frequently only in response to lawsuits. This is reflected in the growing body of case law that has defined and expanded MH services -- especially for youngsters in special education. It is also reflected in the ad hoc, de facto nature of the "system" that has arisen to address MH and psychosocial concerns.

Over the last 20 years, Medicaid funding of MH care has expanded, thereby reducing the role of direct state funding (with the result that the Medicaid program's design has profoundly reshaped delivery of mental health care). There has been a devolution of administrative responsibility for MH services to local authorities. In the private sector, insurance and the introduction of managed care are reshaping the field, with an emphasis on cost containment and benefit limits and with expanded coverage for prescription drugs.

Given the limited financing and current ways funds are used, the high degree of competition seen among those seeking a share is hardly surprising. In many cases, the competition is producing more tension than productivity (e.g., advocates for the mentally ill compete with those seeking support for prevention, researchers want more money even if it means there is less for services). The competition is fueled by dependency on varied streams of funding and the lack of coherent connections and coordination among the host of public and private agents involved in addressing child/adolescent MH (e.g., pediatricians, primary care providers, those concerned with education, social welfare, and criminal justice).

Evidence-based strategies. Other and rather ironic concerns arise from the need for *evidence-based strategies* and for *demonstrating results*. These matters must be addressed in ways that enhance rather than hinder large-scale intervention effectiveness.

The problem rests with the limited nature and scope of interventions that currently have strong research support.

The best (not always equated with good) evidence-based strategies for identifying and working with youngster's MH problems are related to a small number of non comorbid disorders. Even then, the data are for studies of the *efficacy* of highly controlled investigations – not of *effectiveness* of implementation under regular school conditions. That is, the most positive findings come from work done in tightly structured research situations. Unfortunately, comparable results are not found when prototype treatments are institutionalized in school and clinic settings. Similarly, most findings on classroom and small group programs come from short-term experimental studies (usually without any follow-up phase). The question of whether the results of such projects will hold up when the prototypes are translated into widespread applications remains unanswered (see Durlak, 1995; Elias, 1997; Schorr, 1997; Weisz, Donnenberg, Han, & Weiss, 1995)

At this juncture, there is not a strong evidence base for addressing major psychosocial problems. At best, work accomplished to date provides a menu of promising prevention and corrective practices. The search for better approaches remains a necessity. However, the field is not moving in the direction of developing the type of evidence-based practices that are needed because (1) there is no support for the type of research that must be carried out to determine the impact of comprehensive and multifaceted approaches and (2) the field is falling into the trap of conveying the impression to policy makers that large-scale problems can be solved by reifying a few, quite limited evidence-based interventions.

A big barrier related to available evidence based interventions involves developing ways to improve effectiveness in community and school settings and gathering data that demonstrates enhanced cost-effectiveness. An even bigger problem in addressing the mental health needs of children and adolescents involves investing in the development and evaluation of interventions that go beyond one-to-one and small group approaches and that incorporate a full intervention continuum in the form of systems of prevention, systems of early intervention, and systems of care. As the figure on the next page suggests, development of such a continuum of overlapping systems requires major school-based programs and school-community collaborations. It is striking that there never has been a formal study of the impact of such an approach on an entire catchment area.

Exhibit 4. A Comprehensive, Multifaceted, and Integrated Approach to Addressing Barriers to Learning and Promoting Healthy Development

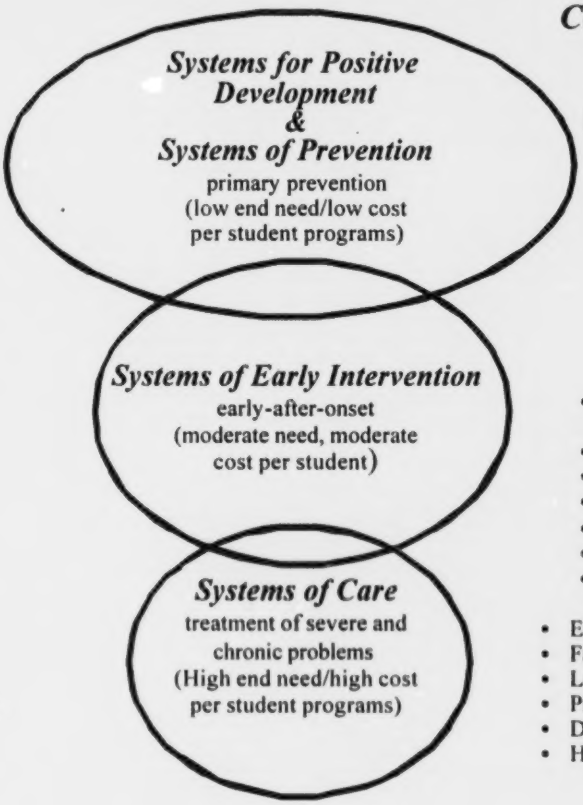
School **Resources**
(facilities, stakeholders, programs, services)

Examples:

- Enrichment & recreation
- General health education
- Promotion of social and emotional development
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement

- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accommodations
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments



Systems for Positive Development & Systems of Prevention
primary prevention
(low end need/low cost per student programs)

Systems of Early Intervention
early-after-onset
(moderate need, moderate cost per student)

Systems of Care
treatment of severe and chronic problems
(High end need/high cost per student programs)

Community **Resources**
(facilities, stakeholders, programs, services)

Examples:

- Youth development programs
- Public health & safety programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization

Inadequate attention at the broadest level (positive development and prevention) leads to increasing numbers who need help at other points in the continuum. Thus, in the absence of an increased emphasis on measures to abate economic inequities/restricted opportunities, primary prevention, and early age interventions, excessive numbers of youth continue to overwhelm existing programs and services. These fundamental concerns require policies and practices that are broadly focused (designed to affect large numbers of youth and their families). Failure to close gaps in current policy and practice ensures that many more youngsters than should be the case will continue to develop problems and be a needless drain on existing resources. In particular, by not pursuing prevention aggressively we contribute to the growing numbers seeking assistance for problems. In some communities, the numbers are so large that the resources available to deal with them are woefully inadequate, and the problems run rampant and seem intractable.

Essential to addressing the above concerns are capacity building mechanisms related to advancing policy for mental health in schools nationally and locally. Several new mechanisms are needed.

Creating Some New Capacity Building Mechanisms

A National Capacity Building Mechanism to Advance Policy for MH in Schools

The current norm related to efforts to advance mental health policy is for a vast sea of advocates to compete for the same dwindling resources. This includes advocates for different professional practitioner groups. Naturally, all such advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this makes some sense. But in the long-run, it may be counterproductive in that it fosters piecemeal, fragmented, and redundant policies and practices.

Moreover, it is evident that the most potent advocacy mechanisms have been developed by those who focus mainly on psychopathology and the special needs of the mentally ill. Clearly, such advocacy is essential. However, this agenda is creating a perspective of the field that is too narrow and practices that often are overly specialized. This is particularly evident in reviewing the state of the art with respect to *professional training and certification.* Those involved in efforts to advance policy and practice related to mental health have long recognized that there are major inadequacies in professional preparation programs and professional continuing education programs. For the most part, MH training focuses on mental illness, with little emphasis on psychosocial problems and their relationship to mental disorders or on positive MH. The result is primarily a person-pathology orientation to assessment and a clinical orientation to amelioration of problems. This contributes to the dearth of R&D investment in (a) assessment practices and classification schemes to account for environmental causes and (b) large-scale programs to prevent and correct psychosocial problems.

To counteract such problems, advocacy for mental illness should be conceived as one facet of advancing a comprehensive and cohesive agenda for addressing a full spectrum of mental health and psychosocial concerns.

To ensure the agenda for mental health in schools is an integrated part of MH advocacy, an effective mechanism is needed that can advance that agenda. This was one impetus for formation of the *Policy Leadership Cadre for Mental Health in Schools.* Over time, the Cadre will develop a set of "tools" to help members as they work with others in their states and localities. This document contains the first set of tools. With time and an appropriate "tool-kit," the cadre should develop into the type of mechanism that can interface with the many organized MH advocates and key constituent groups in order to explore the feasibility of adopting a unifying framework around which to rally the public and to use as a guide in formulating policy. Assuming agreement can be reached regarding such a framework, then it should be possible to produce and advocate jointly for a comprehensive and cohesive policy agenda.

Local Capacity Building Mechanisms

The agenda for school planning and decision making sessions rarely includes items related to the student support programs. Such agendas focus mainly on instruction and sometimes on school governance and resource management. It is in every student's (and teacher's and parent's) interest to broaden these agendas to encompass items related to addressing barriers to student learning and promoting healthy development (which includes all of the agenda for mental health in schools). For this to happen on a regular basis, school district and school infrastructure and leadership must be restructured in ways that ensure *a place at the table for those who represent a focus on such matters.*

Key school policy tables include the Board of Education and the administrative tables for the school district and each school site. In addition, every school needs mechanisms for ensuring policy is implemented in daily practice.

A Board of Education Subcommittee. Most school boards do not have a standing committee that gives full attention to how schools address mental health and psychosocial concerns and other barriers to learning and teaching. This is not to suggest that boards are ignoring such matters. Indeed, items related to these concerns appear regularly on every school board's agenda. The problem is that each item tends to be handled in an ad hoc manner, without sufficient attention to the "Big Picture." One result is that the administrative structure in most districts is not organized in ways that coalesce its various functions (programs, services) in this arena. The piecemeal structure reflects the marginalized status of such functions and both creates and maintains fragmented policies and practices.

Local advocates for MH in schools must encourage school boards to analyze how their committee structure deals with these functions. Because boards already have a full agenda, such an analysis probably will require a special study committee. This group should be charged with clarifying whether the board's structure, time allotted at meetings, and the way the budget and central administration are organized allow for a thorough and cohesive overview of all relevant functions. In carrying out this charge, committee members should consider the work of all pupil services staff (e.g., psychologists, counselors, nurses, social workers, attendance workers), compensatory and special education, safe and drug free schools programs, dropout prevention, aspects of school readiness and early intervention, district health and human service activities, initiatives to link with community services, and more. Most boards will find (1) they don't have a big picture perspective of how all these functions relate to each other, (2) the current board structure and processes for reviewing these functions do not engender a thorough, cohesive approach to policy, and (3) related functions are distributed among administrative staff in ways that foster fragmentation. If this is the case, the board should be encouraged to establish a standing committee to focus in-depth and consistently on the topic of how schools in the district can use the allocated resources to address mental health and psychosocial concerns and other barriers to learning and teaching in more cohesive and effective ways.

Becoming Part of the Administrative Tables. Every district and every school already has personnel whose job in some way affects how the schools address mental health and psychosocial concerns and other barriers to learning (e.g., pupil service personnel, student support staff). Such personnel rarely are invited to the decision making tables. This often is the case even when a district has major units devoted to student support services (i.e., support unit directors often are not invited to district-wide policy planning meetings). The absence of such personnel means a critical area of expertise is missing in planning sessions. It also means that key advocates for essential programs are not present when decisions are made. Those concerned with mental health in schools must strongly advocate for the inclusion of such personnel at all decision making tables and for a focus on developing strategic plans for enhancing student supports.

Resource-Oriented Mechanism. Most schools have a team focusing on individual students who are having problems. (Such a team may be called a student study team, student success team, student assistance team, teacher assistance team, and so forth.) In addition to this type of a team, a separate on-site organizational mechanism for ensuring policy is translated into appropriate and cohesive practices. In some schools, such a team is called a *Resource Coordinating Team.* Properly constituted, this group also provides on-site leadership for efforts in this arena and ensures the maintenance and improvement of a multifaceted and integrated approach.

Again, this is the type of capacity building mechanism that those concerned with mental health in schools will want to help establish.

Readily Accessible Resources for Materials, Technical Assistance, and Training

Another critical aspect for capacity building is ready access to resources. This raises the question:

What resources are available?

The answer to this requires mapping and analyzing existing resources designed specifically to enhance mental health in schools and other related resources. Such mapping and analyses are underway. For example, the Policy Leadership Cadre for Mental Health in Schools, the staff of the Center for Mental Health in Schools at UCLA, and other contributors are in the early stages of a links "map" that provides quick access to relevant resources on the Internet. This gateway also is a tool to facilitate various forms of networking and to help analyze strengths, weaknesses, and gaps/inequities in available resources. The extensive listing can be the starting point for enhancing collaborative partnerships among key groups with overlapping interests related to mental health in schools.

Gateway Map

The map represents the next generation (beyond lists of links) for guiding users quickly to sites that are most likely to meet their needs. It encompasses five arenas of activity:

I. Comprehensive Focus on Mental Health in Schools
II. Concerns Related to Children's Severe Mental Health Disorders
III. Concerns Related to Children's Psychosocial Problems
IV. Positive Social/Emotional Development and Prevention of Psychosocial/MH Problems
V. Others Focused on Addressing Barriers to Learning and Development

Within each of these arenas, four types of resources are mapped. These are:

Major Centers/Networks/Initiatives/Projects/Consumer Info Resources (Major resources for information, services, and/or public education)

Associations (National organizations whose mission focuses on issues related to MH in schools. State & local associations can be located through the national association's website)

Government Agencies (Major federal government resources for information, services, and/or public education)

Listservs (Email discussion groups whose main focus is on matters relevant to MH in schools)

Within each of these four sources for support, websites are clustered according to the concentration of immediate resources available to the user. In most cases only two groupings are provided at this time. In a few instances, three groupings were created. These are grouped, with the top grouping always representing sites with the highest concentration of information, resource materials, published documents, number of links, etc.

All these resources can be accessed through the Gateway on the website for the Center for Mental Health in Schools at UCLA – http://smhp.psych.ucla.edu

The list of all the resources that have been located to date can be found in Appendix C.

Rethinking Roles, Functions, Development, & Credentialing of Pupil Services Personnel

As the preceding discussion indicates, many influences are at work that are and will continue to reshape the work of pupil services personnel. Besides changes called for by the growing knowledge based in various disciplines and fields of practice, initiatives to restructure education and community health and human services are creating new roles and functions. Clearly, pupil service personnel will continue to be needed to provide targeted direct assistance and support. At the same time, their roles as advocates, catalysts, brokers, and facilitators of systemic reform will expand. As a result, they will engage in an increasingly wide array of activity to promote academic achievement and healthy development and address barriers to student learning. In doing so, they must be prepared to improve intervention outcomes by enhancing coordination and collaboration within a school and with community agencies in order to provide the type of cohesive approaches necessary to deal with the complex concerns confronting schools (Adelman, 1996a, 1996b; Freeman & Pennekamp, 1988; Henderson & Gysbers, 1997; Marx, Wooley, & Northrop, 1998; Reschly & Ysseldyke, 1995).

Consistent with the systemic changes that have been unleashed is a trend toward less emphasis on intervention ownership and more attention to accomplishing, desired outcomes through flexible and expanded roles and functions for staff. This trend recognizes underlying commonalities among a variety of school concerns and intervention strategies and is fostering increased interest in cross-disciplinary training and interprofessional education (Carnegie Council on Adolescent Development, 1995; Lawson &, Hooper-Briar, 1994).

Clearly, all this has major implications for changing professional preparation and credentialing.

Efforts to capture key implications are illustrated in Appendix D by a series of frameworks. These frameworks were sketched out by an expert panel convened by one state's credentialing commission to provide guidelines for revision of the state's standards for developing and evaluating pupil services personnel credential programs.

Concluding Comments

Clearly, enhancing mental health in schools in comprehensive ways is not an easy task. Indeed, it is likely to remain an insurmountable task until school reformers accept the reality that such activity is essential and does not represent an agenda separate from a school's instructional mission.

In terms of policy, practice, and research, all activity related to mental health in schools, including the many categorical programs funded to deal with designated problems, eventually must be seen as embedded in a cohesive continuum of interventions and integrated thoroughly with school reform efforts.

When this is done, MH in schools will be viewed as essential to addressing barriers to learning and not as an agenda separate from a school's instructional mission. In turn, this will facilitate establishment of school-community-home collaborations and efforts to weave together all activity designed to address mental health problems and other barriers to learning. Such collaborations should make it easier to elevate the status of programs to enhance healthy development.

In weaving efforts together, the focus needs to be on *all* relevant resources in a school (e.g., compensatory and special education, support services, initiatives for safe and drug free schools, family-oriented programs, recreation and enrichment programs, facility use) and in the surrounding community (e.g., public and private agencies; families; services, programs, facilities; volunteers, professionals-in-training).

All this can contribute to the creation of caring and supportive environments that maximize learning and well-being and strengthen students, families, schools, and neighborhoods.

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Appendix A

This appendix once again provides the overview outline and then offers the rationale for and references relevant to each guideline.

Guidelines' Overview Outline*

MENTAL HEALTH IN SCHOOLS

1. General Domains for Intervention in Addressing Students' Mental Health

1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)

1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)

1.3 Providing social/emotional support for students, families, and staff

2. *Major Areas of Concern Related to Barriers to Student Learning*

2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)

2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/ crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)

2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

3. *Type of Functions Provided related to Individuals, Groups, and Families*

3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)

3.2 Referral, triage, and monitoring/management of care

3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)

3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems -- toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services

3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus

3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

Guidelines' Overview Outline*

MENTAL HEALTH IN SCHOOLS (cont.)

4. *Timing and Nature of Problem-Oriented Interventions*

4.1 Primary prevention
4.2 Intervening early after the onset of a problem
4.3 Interventions for severe, pervasive, and/or chronic problems

5. *Assuring Quality of Intervention*

5.1 Systems and interventions are monitored and improved as necessary
5.2 Programs and services constitute a comprehensive, multifaceted continuum
5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
5.4 School-owned programs and services are coordinated and integrated
5.5 School-owned programs and services are connected to home & community resources
5.6 Programs and services are integrated with instructional and governance/management components at schools
5.7 Program/services are available, accessible, and attractive
5.8 Empirically-supported interventions are used when applicable
5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
5.11 Ethical issues are appropriately accounted for (e.g., privacy and confidentiality; coercion)
5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. *Outcome Evaluation and Accountability*

6.1 Short-term outcome data
6.2 Long-term outcome data
6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

Guidelines with Rationales and Supporting References*

MENTAL HEALTH IN SCHOOLS

The following set of rationales is meant as *reference* material – to provide a sense of the conceptual underpinnings for each guideline and why each is presented as an imperative. While the guidelines are meant to be comprehensive, an effort has been made to keep the rationales brief. Even so, the combined set is too lengthy for casual reading and has some necessary redundances that are common to reference material. Thus, this appendix is best approached as a resource reference.

1. GENERAL DOMAINS FOR INTERVENTION IN ADDRESSING STUDENT MENTAL HEALTH

To accomplish their educational mission, schools need to promote cognitive, social, and emotional healthy development, minimize barriers to development and learning, and provide social/emotional support for students, families, and staff.[1-23]

Thus, in addressing students' mental health, schools should

1.1 ensure academic success and also promote healthy cognitive, social and emotional development and resilience

1.2 address barriers to student learning and performance

1.3 provide social/emotional support for students, families, and staff

Rationale for 1.1: The educational mission of schools comprises not only a focus on academics and addressing barriers to academic learning, but also encompasses a major role in promoting learning and development related to social and emotional functioning and safe, healthy, and resilient behavior. This includes ensuring accessible opportunities to learn responsibility and integrity, to garner the knowledge and skills necessary for effective social and working relationships and for pursuing a safe and healthy life style. Such an expanded set of opportunities is essential to enhancing protective factors, assets, and general wellness. Examples of specific areas for focus include school performance, responsibility and integrity, competency/self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, and creativity. With respect to social-emotional learning, consensus has emerged related to four areas of focus (1) life skills and competencies, (2) health promotion and problem-prevention skills, (3) coping skills and social support for transitions and crises, and (4) positive, contributory service to the school and community.

Rationale for 1.2: It is widely acknowledged that various external and internal factors can interfere with a student's ability to benefit from a school's instructional program. Besides personal disorders and disabilities, problems stemming from stressful and hostile community, family, school, and peer factors can interfere with learning and teaching. Researchers often refer to such barriers to learning as risk factors. Counseling, psychological, and social service personnel, along with all other staff in a school district, must play a critical role in addressing such barriers. And, they must do so, first and foremost, with programs that address the needs of the many and then offer a range of individual-focused services to the degree that remaining resources allow

Rationale for 1.3: The academic and social development of many students are affected by the well-being of their peers, family members, and staff. Thus, schools should pay special attention to providing emotional support to all students, families, and school personnel. This involves making all stakeholders aware of the importance of prevention and early identification of stressors or mental-health problems and providing ongoing programs to support well-being and appropriate referral/treatment for difficulties/ disorders.

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*See Appendix B for some comments related to staff development and outcome evaluation.

2. MAJOR AREAS OF CONCERN RELATED TO BARRIERS TO STUDENT LEARNING

Extensive bodies of research have identified a variety of commonplace educational and psychosocial problems and external stressors that interfere with students learning and teachers teaching. In addition, there are legal mandates that require providing psychological, counseling, and social services to students designated as in need of special education.[10-14, 24-27]

Thus, to ensure all students have an equal opportunity to learn and succeed, school must develop comprehensive approaches to

2.1 address common educational and psychosocial problems

2.2 counter external stressors

2.3 teach, serve, and accommodate disorders/disabilities

Rationale for 2.1: Widespread psychosocial and educational problems affect the ability of many students to be successful in the classroom. Early detection of and effective school-based and linked programs to address the most common problems can make a major difference in students' overall learning and performance. Examples of these problems are: learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity.

Rationale for 2.2: The host of external stressors confronting students, families, schools, and communities is widely recognized. In addition to concerns about violence and safety, there is the impact of rapid societal change, families where care of the child is confounded by difficult work schedules, and impoverished home situations. To effectively accomplish their educational mission, schools must work with students, families, and the surrounding community to address such stressors. Counseling, psychological, and social service staff, along with many others in schools, can play an important role by offering programs and services designed to counteract and, when feasible, eliminate stressors. Examples in this arena include: reactions to objective or perceived stress/demands/crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions.

Rationale for 2.3: Schools are required by the Individuals with Disabilities Education Act (IDEA) to have appropriate procedures to identify/evaluate and provide educational services for students with disabilities. Twelve disabilities are specified in federal law – mental retardation, hearing impairment including deafness, speech or language impairment, visual impairment including deafness, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, deaf-blindness, and multiple disabilities. Section 504 of the Rehabilitation Act (a federal civil rights law) also specifies as a disability any physical or mental impairment that substantially limits a major life activity. Based on such legislation, a major standard for service delivery is the provision of a free appropriate public education for students with disabilities. (See the regulatory guidelines for more details.) Also, because students with disabilities and their families often have multiple and intensive needs, it is essential for school, home, and community resources to work collaboratively to provide an appropriate system of care. The special education terminology overlaps terms commonly used by mental health professionals, such as Attention Deficit Hyperactivity Disorder; Anxiety Disorders (including school phobia); Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; PTSD; Anorexia and Bulimia.

3. TYPE OF FUNCTIONS PROVIDED RELATED TO INDIVIDUALS, GROUPS, AND FAMILIES

Schools must ensure they meet the needs of the many and thus must offer comprehensive, multifaceted, and integrated interventions designed first and foremost to reach large numbers of stakeholders. This encompasses programs and services for a range of individuals, groups, and families. The tasks involved include assessment activity, referral, triage, and direct services and instruction, monitoring/managing interventions. Additional activities focus on building intervention capacity through consultation, supervision, and inservice instruction and ensuring school-based and school-linked activities are appropriately coordinated and developed. This latter encompasses enhancing connections with and involvement of home and community resources. Special steps also must be taken to minimize negative effects (e.g., stigmatization, over-dependence on the intervener, and other conditions that can limit current and future opportunities).[1, 4, 6-9, 16, 19-21, 23, 24, 33-43, 39, 40, 42, 46--56]

Thus, schools must be able to

3.1 *assess for initial (first level) screening of problems, as well as for diagnosis & intervention planning* (including a focus on needs and assets)

3.2 *refer, triage, and monitor/manage care*

3.3 *offer direct services and instruction* (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer-term treatment, remediation, and rehabilitation)

3.4 *coordinate, develop, and provide leadership related to school-owned programs, services, resources, and systems in ways that move toward an increasingly comprehensive, multifaceted, and integrated continuum of programs and services*

3.5 *consult, supervise, and provide inservice instruction with a crossdisciplinary focus*

3.6 *enhance connections with and involvement of home and community resources* (including but not limited to community agencies)

Rationale for 3.1: Assessment of students has varied purposes. (a) First-level *screening* is used to detect symptoms early-after-onset and in some cases to identify students "at risk" for subsequent problems. The focus should be on academic, classroom, school, home, and community contributors to mental health and psychosocial problems. Because first level screens tend to use assessment tools that are prone to significant error, "positive" identifications are supposed to undergo a more detailed assessment to detect "false positives." (b) Assessment for *diagnosis* is the basis for decisions about the presence of possible disorders/disabilities, and for individuals already diagnosed, reassessments should be made at appropriate intervals to determine whether the diagnostic label is still applicable. (c) Intervention *planning* requires regular and ongoing forms of data gathering and analyses. All such assessment should embrace environmental, person-environment transactions, and personal factors and encompass a focus on strengths (e.g., assets, protective factors), as well as on weaknesses and limitations (e.g., risk factors). In general, the more comprehensive and multifaceted the assessment, the more likely it is that learning, behavior, and emotional problems will be identified and understood and that the data will appropriately inform intervention planning and implementation. This, of course, presupposes reliable and valid assessment procedures. Because such assessment is costly and time consuming, schools should carefully delineate and gather only data that are clearly necessary for decision making and planning (i.e., assessment activity should be parsimonious).

Rationale for 3.2: To ensure an appropriate intervention match for specific students and families who need assistance related to mental health and psychosocial concerns, a school must have mechanisms and procedures for referral, triage, and monitoring/managing care. This includes systematic ways to (a) gather information about relevant programs and services, share it with stakeholders, and clarify how students and families can access such interventions, (b) assess referral information in a timely manner, (c) consult with interested parties about particular problems to clarify specific interventions and how to pursue them, (d) ensure that all ethical and legal concerns are addressed, (e) establish connections with programs and services to minimize barriers to student and family enrollment, (f) facilitate student and family enrollment, (g) monitor the initiation of interventions, (h) monitor progress and negative effects, and (i) participate in on-going care management whenever necessary

Rationale for 3.3: For schools to achieve their educational mission, they must incorporate a range of direct services and other interventions that can meet the needs of the many students who are not doing well at school. In pursuing direct interventions related to mental health and psychosocial concerns, the overall challenge is to use available resources to provide a learning environment where teachers can teach and students can learn (e.g., a school climate characterized by mutual caring and respect, acceptance of responsibility, clear expectations,high standards paired with essential resources and supports, etc.). This encompasses a focus on building assets and addressing problems and doing so in ways that incorporate an understanding of how to personalize interventions to address individual differences in motivation and developmental levels. Because such differences may stem from socio-cultural-economic factors, disorders/disabilities,etc., interventions must be designed with awareness of such considerations. In general, the more comprehensive and multifaceted the range of services and other interventions, the more likely some learning, behavior, and emotional problems will be prevented, others will be identified as early-after-onset as is feasible, and the rest will be included in corrective interventions.

Rationale for 3.4: Schools employ personnel, create systems, and devote other resources to provide a variety programs and services to address mental health and psychosocial problems and promote wellness for students and their families. Analyses of such activity have consistently underscored the fact that these resources are developed in piecemeal ways,are fragmented in their daily operation, and are marginalized in school policy and practice. Recommendations for improving this state of affairs call for enhancing policy and leadership for evolving coordinated, multifaceted, and integrated approaches. This requires mechanisms to increase collaboration within schools (and between schools and community agencies).

Rationale for 3.5: Consultation is viewed as an open exchange that enhances understanding and action. This also characterizes the aim of supervision and inservice programs. From the perspective of the various groups of professionals and individuals in training who are involved with counseling, psychological, and social service programs in schools, such exchanges are facilitated by a focus that stresses cross-disciplinary and cross-role learning. Substantively, the focus of all such activity should go beyond problem-oriented models to also encompass models for promoting wellness. In addition, care must be taken to avoid bias toward models of cause that conceptualize problems as rooted within individuals (as contrasted with problems stemming from the way the system is functioning). Relatedly, care must be taken not to overemphasize individual and clinically-oriented interventions at the expense of systemic change.

Rationale for 3.6: Schools cannot and should not be expected to meet the needs of all students in the absence of strong connections with home and community resources. For students and their families, others in the community, and school staff to form effective working relationships, there must be sufficient mutual trust and respect, shared goals, and a general sense of reciprocity. All stakeholders must have the opportunity to play an active, meaningful, and nonsubservient role. Examples of those in a neighborhood who are stakeholders include not only the students, parents, teachers, and staff, but also surrogate parents, the students'siblings, business owners, police who patrol the streets, members of the faith community, and other family serving agencies, or more generally, all who live and work in the community and those who have formal and informal policy, leadership, and intervention roles.

4. TIMING AND NATURE OF PROBLEM-ORIENTED INTERVENTIONS

Schools must be able to respond to specific severe incidents and, by law, must provide designated special education programs. However, in order to minimize the number of severe and/or chronic/pervasive problems that develop over time, schools also must implement programs that can prevent problems, and they must have systems in place for intervening as early-after-onset as is feasible. In effect, the need is for an integrated and overlapping continuum ranging from systems for prevention (including the promotion of healthy development), systems for early-after-onset intervention, and systems for addressing problems that are rather severe, pervasive, and/or chronic.[2, 3, 7, 8, 12, 19, 22, 24, 26, 32, 33, 35, 39, 40-42, 44, 57-72]

Thus, to ensure all students have an equal opportunity to learn and succeed, schools must develop an intervention continuum that encompasses ways to

4.1 practice primary prevention

4.2 intervene early after the onset of problems

4.3 offer assistance for severe, pervasive, and/or chronic problems

Rationale for 4.1: Because of the extreme costs to schools, students, families and communities -- financial and personal, it has been evident for decades that interventions are necessary to eliminate/minimize factors that can produce psychosocial/mental health problems. Obviously, schools cannot do everything. However, if they are to ensure all students are ready to learn each day, schools must design and implement systemic interventions for primary prevention in ways that supplement and link with what families and the surrounding community already is doing well.

Rationale for 4.2: School personnel are in a unique position to identify problems and barriers that are interfering with development and learning. They are in an especially good position to do such identification soon after onset of difficulties. Once identified, school personnel can work with parents to clarify home and school strategies to correct difficulties before problems worsen. Such early action can reduce the costs--both personal and financial--to schools, families, and society.

Rationale for 4.3: Every school will have some youngsters who need specialized assistance in response to specific, severe incidents or to address chronic/pervasive problems. Because schools have limited resources, they usually can only offer legally mandated assistance and short-term and crisis oriented interventions. Therefore, in addition to providing mandated special education interventions and pursuing a limited amount of counseling/mental health and crisis response activity, schools must develop well conceived referral systems and special linkages with community resources, including those able to provide expanded mental health services at the school site. In addition, they must work closely with families and community agencies with respect to systems of care, including implementation of effective procedures for case monitoring and management.

5. ASSURING QUALITY OF INTERVENTION

Quality assurance procedures provide a basis for determining whether means are consistent with desired ends and for improving procedures when they are not up to standards. They incorporate a recognition that the effectiveness of interventions are dependent on the intensity duration, and overall quality with which they are implemented. Therefore, schools and the various programs based at schools must develop policies, infrastructure, mechanisms, procedures, and personnel to monitor, evaluate, and enhance the planning and implementation of each intervention (including assessment) addressing mental health and psychosocial concerns, all related training activity, and the overall systems that are in operation or are being developed to address such concerns. Throughout this section, the term *Quality Assurance* is meant to designate all this activity and the use of the resulting information to enhance intervention quality. Properly done, quality assurance processes provide an important foundation upon which to pursue outcome evaluation and accountability.[1, 9, 10, 19, 21, 30, 31, 35, 37, 39, 42, 43, 46, 47, 50-52, 54-56, 67, 68, 70-72, 75-97]

Thus, to ensure the quality of interventions meet current and evolving standards for practice, schools must

5.1 monitor and improve systems and interventions as necessary

5.2 develop programs and services in ways that constitute a comprehensive, multifaceted continuum

5.3 determine that interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development

5.4 coordinate and integrate school-owned programs and services

5.5 connect school-owned programs and services to home and community resources

5.6 integrate programs and services with instructional and governance/management components at schools

5.7 establish program/services so that they are available, accessible, and attractive

5.8 use empirically-supported interventions when applicable

5.9 account appropriately and effectively for differences among students/families (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)

5.10 account appropriately and effectively for legal considerations (e.g., mandated services; mandated reporting and its consequences)

5.11 account appropriately and effectively for ethical issues (e.g., privacy and confidentiality; coercion)

5.12 establish appropriate and effective contexts for intervention (e.g., office; clinic; classroom; home)

Rationale for guideline 5.1: Given that the systems and interventions at a school for addressing mental health and psychosocial concerns are in a period of transformation, *quality assurance procedures* must use monitoring strategies that promote desired changes in policy, organizational and operational infrastructure, mechanisms, procedures, personnel, and outcomes. With guidance from relevant stakeholder groups (e.g., youth, families, teachers, counseling, psychological, and social service professionals, school nurses, clergy, community leaders and agency personnel), a comprehensive plan for assuring the quality of the program should be developed, maintained and continuously improved. This plan should enable assessment, monitoring, and adjustment of program structures, processes and outcomes to enhance the likelihood of effective programming for students and their families.

Rationale for 5.2: For schools to address the many mental health and psychosocial concerns relevant to achieving their educational mission, they must continue to develop a comprehensive, multifaceted, and integrated continuum of interventions. *Quality assurance procedures* should focus on how well the needed continuum is developing and recommend improvements. Such a continuum encompasses wellness and prevention programs, interventions for early-after-onset of problems, and specialized assistance for students/families with rather severe, pervasive, and/or chronic problems. It includes school-wide and classroom-based programs as well as specialized services. It requires the combined efforts of school and community. It is designed to meet the school's need to provide for all students.

Rationale for 5.3: There are diverse functions and roles involved in addressing mental health and psychosocial concerns in schools. A broad range of people, including counseling, psychological, and social service professionals and trainees, school health staff, educators, and para- and non-professional volunteers from the school and community, can and should be involved in implementation of the continuum of interventions. *Quality assurance procedures* should determine that all personnel have essential knowledge and skills to perform their roles and functions and all are pursuing continuing education to enhance their job capabilities.

Rationale for 5.4: Programs and services that are directly owned by schools and school districts often are initiated and operated in a piecemeal and fragmented manner. These include those concerned with promoting learning and development (regular school programs), those designed to prevent problems and intervene soon after problems are noted (e.g., the safe and drug free school initiative, counseling services), and those providing specialized assistance for severe and pervasive problems (e.g., dropout programs, special education). The fragmentation results in redundancy of effort and a waste of resources. To counter these negative trends, a mechanism (e.g., a resource-oriented team) and effective procedures for coordination and integration must be in place at the school and must be regularly monitored and improved. *Quality assurance procedures* must determine the impact of such a mechanism and recommend improvements.

Rationale for 5.5: Schools cannot meet their educational mission if they function in isolation of the home and community. In most cases, the family is the most important resource outside the school and sustained and focused efforts should be in place to ensure the home is appropriately involved in schooling. And, given that schools generally do not have sufficient resources to provide a comprehensive, multifaceted continuum of interventions, the trend is to fill gaps and enhance school-based efforts by connecting with community resources. *Quality assurance* procedures must determine how well school programs are connecting with home and community resources and recommend improvements.

Rationale for 5.6: Currently, school programs and services to address mental health and psychosocial concerns are not well integrated with the school's daily instructional efforts. Moreover, the staff providing such programs and services rarely play a major role related to the school's governance. This results not only in fragmented effort, but also in marginalization of the entire enterprise in both policy and practice *Quality assurance procedures* must focus on how well initiatives for mental health in schools integrate with the school's instructional and governance/management components and recommend improvements.

Rationale for 5.7: Quality assurance procedures must focus on and make recommendations for enhancing the availability, accessibility, and attractiveness of school counseling, psychological, and social service programs.

Rationale for 5.8: An increasing number of empirically supported interventions are reported in the literature relevant to mental health in schools. *Quality assurance procedures* must focus on the degree to which research-based practices are used and must promote the enhanced use of such practices. Examples of relevant areas to analyze include curricula and training programs that enhance social and emotional learning and comprehensive life skills in students, programs that assist youth in avoiding and coping with violence exposure, programs that assist youth in avoiding substance use, and a range of manualized interventions that address numerous specific disorders and problems in youth (e.g., attentional problems, anxiety disorders). Also of concern are how the knowledge base regarding risk and protective factors is used to alter school environments to affect student functioning and equip school staff to increase assets operating within and around students.

Rationale for 5.9: At any school, students and their families (and staff) represent diverse backgrounds and vary in terms of their interests, attitudes, values, developmental levels, strengths, weaknesses, and limitations. *Quality assurance procedures* must focus on how well counseling, psychological, and social service staff account for such individual differences in planning, implementing, and evaluating interventions and recommend improvements.

Rationale for 5.10: It is imperative that schools and practitioners at schools understand and adhere to legal mandates, regulations, contractual obligations, and ethical principles incorporated into the licensing and practice laws of individual states. Violations may represent a failure to protect the welfare of persons involved in counseling, psychological, and social service programs and can lead to lawsuits, loss of licensure, and possible criminal prosecution. *Quality assurance procedures* must focus on and recommend improvements with respect to how well school staff understand and meet the legal obligations related to their jobs.

Rationale for 5.11: Quality assurance procedures must focus on and recommend improvements with respect to how well counseling, psychological, and social service personnel adhere to ethical codes and standards for practice (e.g., the system of principles and specific rules that guide professional behavior and are meant to protect the interests of clients and uphold professional standards). Generally, professional guidelines for counseling, psychological, and social service personnel address four broad themes or principles: (1) respect for the dignity of persons, (2) responsible caring (professional competence and responsibility), (3) integrity in professional relationships, and (4) responsibility to community and society. Underlying each of these principles is a commitment to promoting the welfare of individuals and the society as a whole.

Rationale for 5.12: Quality assurance procedures must focus on and recommend improvements with respect to the context in which assessment and other intervention activity are implemented. An inappropriate setting can have a profound negative impact on process and outcomes. Moreover, ethical practice in providing most counseling, psychological, and social service programs requires settings that ensure privacy. Special education populations are expected to be taught in the least restrictive environment. Alternative schools and specially arranged ("opportunity") transfers reflect settings that can generate renewed feeling of hope or engender a range of negative feelings.

6. OUTCOME EVALUATION AND ACCOUNTABILITY

Schools and specific practitioners must be results-oriented and accountable to students, families, and the society. Well-designed evaluation provides schools with an objective way to demonstrate the impact of interventions to address mental health and psychosocial concerns and contributes to appropriate program development. The focus of evaluation should be on the outcomes for students of all efforts to promote wellness and address problems, as well as on changes in the environment (eg., programs, processes, sense of community). Positive and possible negative outcomes should be assessed. Evaluation activity should be ongoing and encompass data relevant to widely accepted standards of practice and should use the best available instruments (eg., employing standardized measures which are replicable across settings). Procedures should allow for attention to different parameters over time and for appropriate adaptations to settings, programs, and populations and for additional data gathering focused on special concerns in a given setting. Analyses should disaggregate data in keeping with relevant program and population considerations.[98-105] [105-113]

Thus, to guide development of interventions and to ensure that interveners are results-oriented, effective, and accountable, schools must

6.1 gather short-term outcome data

6.2 amass long-term outcome data

6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

Rationale for 6.1: In general, short-term evaluation efforts address issues thatoccur within a school year. The selection of parameters to be assessed should be flexible and based on the needs and circumstancesof a particular school and it students. Short-term evaluation may emphasize the achievement of specific goals for individual children or aparticular classroom. Alternatively, it may focus on a specific situation or event in a school, or on the functioning of the school as a whole.

Rationale for 6.2: Long-term outcome evaluation should be based on specific goals and objectives set out in the school's planning documents (e.g., school improvement plan, strategic plan, etc.). Given that academic progress encompass one set of goals, the other arena for outcome measurement can be conceived as learning related to social and personal functioning – including wellness and progress related to overcoming problems. Although not as easily measured, learning related to social and personal functioning are the most direct indicators of the impact of counseling, psychological, and social service programs. Long-term evaluation procedures should be geared to the particular needs, circumstances, and realities of each school and flexible enough to be modified over time in order to accommodate specific dilemmas that may arise.

Rationale for 6.3: Accountabilityinvolves reporting outcomes to key stakeholders, and outcome data are an essential basis for decision making about how to enhance intervention quality.

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See the general reference list preceding the appendices for other relevant articles, reports, and references to documents on school professionals' standards and guidelines that helped shape this work..

Appendix B

A Few Guideline Comments Related to Staff Development and Outcome Evaluation

A note on staff development:

To ensure staff (teachers, counselors, psychologist, social workers, special needs teachers, school nurses, aides, front office staff, etc.) have the necessary knowledge, skills, and attitudes, staff development should include a focus on ways to

(a) be a positive social model and create effective opportunities for students to communicate and bond with staff
(b) improve the school atmosphere to support social and emotional development
(c) build healthy, enduring, trusting bonds with families through developing proactive relationships and regular, meaningful, and effective two-way communications
(d) increase understanding of healthy development and what motivates students (encompassing an appreciation of individual differences and group diversity)
(e) provide opportunities for motivated practice (repetition, rehearsal) to integrate emotional experiences, and awareness with cognitive abilities (planning, problem-solving, etc.) and behavior
(f) provide opportunities for all youngsters to engage in positive roles at school and in the community as part of their service, recreational, and enrichment experiences
(g) plan, implement, and evaluate an integrated approach to fostering socio-emotional development
(h) increase understanding of barriers to learning (including ensuring that staff understands the effects on students'academic and social development of transient, but important stressors, such as school-related transitions, loss or trauma, family instability/divorce)
(i) plan and implement strategies for identifying when a youngster is troubled, appropriately identify and refer individuals experiencing mental health and psychosocial problems
(j) engage the family in shared problem-solving when early signs of learning, behavior, or emotional difficulties arise
(k) develop appropriate strategies for enhancing the likelihood that all students have an equal opportunity to learn and succeed

Whilespecific staff development considerations are not articulated for each guideline area, the various examples for outcome evaluation cited throughout this appendix also provide a focus for enhancing staffcompetence. That is, an appreciation of the results that are expected informs, but should not limit, staff development.

Toward Outcome Evaluation

The focus here is on outcome evaluation. At the same time, it is important to stress that for schools to accomplish the guidelines they must have specific written policies and effective infrastructure, mechanisms, procedures, and personnel. Thus, *process* evaluation should focus on the degree to which this is the case, and where there are systemicdeficiencies, evaluation should provide data to guide system improvements.

Below are a few examples of relevance to *outcome* evaluation related to each guideline area. No attempt has been made to be exhaustive or to delineate specific measures; the point is to stimulate thinking about quantitative and qualitative outcome evaluation.

Guideline Area 1

General Domains for Intervention in Addressing Students'Mental Health

A few general facets for *outcome* evaluation include how well the school

- helps students at every grade grow into responsible and caring persons, with a particular focus on development of social-emotional skills;
- enhances school-wide climate and an environment in each classroom that promotes development of assets and minimizes barriers
- addresses risk factors that arise from such circumstances as student and family transitions, stressful or violent incidents and major crises, etc.
- assists student, families, and staff with specific problems (including stress-related difficulties or mental health problems)

Guideline Area 2

Major Areas of Concern Related to Barriers to Student Learning

Examples of *outcomes* that might be evaluated related to *2.1 (Addressing common educational and psychosocial problems)* include how well the school

- delineates a plan to minimize and respond to everyday problems such as misbehavior, interpersonal upsets, harassment, and bullying, commonplace learning and language problems, etc.
- provides staff development to increase understanding of the various factors that cause such problems and how to determine different causes (factors internal to the student, factors in the surrounding settings, or a combinations of both)
- addresses such problems through a developing a full continuum of programs (prevention, early-after-onset intervention, corrective interventions undertaken in collaboration with the home and relevant community resources)
- provides teachers and other staff with strategies that enhance their ability to reduce the impact of such problems (including capitalizing on students'strengths and assets, fostering protective factors, and changing environmental circumstances to minimize risk factors)
- uses information gathered when responding to the problems to (a) identify whether a particular youngster may need more specialized assistance and (b) plan ways to minimize future problems

Examples of outcomes that might be evaluated related to *2.2 (Countering external stressors)* include how well the school

- assesses the prevalence of major stressors on students, families, and staff
- counteracts and, when feasible, eliminates stressors (e.g., through developing collaborative relationships with the home and relevant community resources)
- facilitates student/family access to programs that address such basic needs as food, clothing, and shelter
- provides for crisis response to address incidents that threaten the sense of security at a school or are disruptive to teaching and learning
- provides crisis aftermath interventions designed to meet the needs of those who are experiencing lingering effects
- plans and implements crisis prevention programs

Examples of *outcomes* that might be evaluated related to *2.3 (Teaching, serving, and accommodating disorders/disabilities)* include how well the school

- provides staff with inservice training to increase understanding of the nature and impact of disorders/disabilities
- ensures timely referral of students for evaluation and necessary educational assistance
- includes parents as full partners in their child's individual educational plan
- uses qualified examiners, as determined by state law, to participate in and guide the evaluation process and to ensure that all assessment procedures are selected and administered in ways that avoid racial and cultural bias (e.g., a variety of tools and instruments must be used, and no single procedure may be used as the sole criterion for identification and determination of needed special assistance)
- uses qualified personnel who meet state certification or licensing requirements as service providers
- ensures timely provision of necessary special assistance for students with disabilities, including any case in which the payment source may not have been determined (e.g., there should be no delays while determining whether there is the possibility of support from Medicaid or the state's Children's Health Insurance Program)
- uses the general education curriculum and settings with students who are nondisabled to the maximum extent in educating students with disabilities (e.g., a student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum)
- provides related services when required as part of the Individual Education Plan (IEP) (e.g., psychological, social, and counseling services, health and rehabilitation counseling, parent counseling and training); when school staff cannot provide such services, use contracts and agreements with other service agencies and qualified providers in the community

- ensures that school and community interventions are monitored, coordinated, and woven together to address student & family needs

- enables all students with disabilities to participate in all state and district-wide assessments, with modifications or through alternate assessments as necessary, in order that they may fully benefit from the efforts of school reform and accountability.

Guideline Area 3

Type of Functions Provided related to Individuals, Groups, and Families

Examples of *outcomes* that might be evaluated related to *3.1 (Assessment for initial screening of problems, as well as for diagnosis and intervention planning)* include how well the school

- uses the most reliable and valid assessment procedures, with special attention given to procedures that minimize racial, cultural, and other biases

- ensures family informed consent is obtained for all assessment

- develops a written plan for screening possible cognitive, social, emotional, and physical health problems at designated intervals

- ensures that all positive screening findings are followed-up to determine their validity using in-depth assessment procedures

- pursues diagnostic assessment only when necessary (e.g., when it is necessary for prescribing treatment)

- plans and implements reassessments at necessary intervals to clarify changes in the nature and scope of a student's problem(s)

- ensures data are gathered regularly when interventions are implemented and are used as a basis for ongoing intervention planning

- coordinates all school-based assessment activity and outreach to coordinate with other agencies involved in assessing student/family problems

Examples of *outcomes* that might be evaluated related to *3.2 (Referral, triage, and monitoring/ management of care)* include how well the school

- compiles information on the nature and scope of programs and services available to students and families at the school, in the district, and in the community (including a range of resources that stress efforts to minimize the impact of external and internal risk factors and enhance protective factors and resiliency)

- informs all stakeholders about available programs and services and how to access them (using multiple means of communication and the range of languages represented in the community)

- develops strategies to facilitate self- and other referrals

- processes referrals in a timely manner -- ensuring serious problems are referred immediately and others are referred as quickly as feasible

- includes all involved parties in decision making about specific interventions
- formulates recommendations to account for feasibility of access (costs to the family, student and family schedules, considerations related to primary language, cultural difference, disabilities and disorders)
- ensures all ethical and legal concerns are addressed (e.g., related to consumer decision making, informed consent, privacy, mandated reporting , sharing information)
- establishes formal and informal connections with programs and services to minimize bureaucratic barriers that can delay or prevent student and family enrollment in a program or service
- establishes a step-by-step process that includes plans to facilitate enrollment and overcome barriers to student and family follow-through in enrolling in recommended interventions
- ensures intervention benefits and negative effects are systematically reviewed and decisions regarding continuing or modifying an intervention are data driven
- establishes on-going care management to ensure coordination and integration of intervention efforts

Examples of *outcomes* that might be evaluated related to *3.3 (Direct services and instruction)* include how well the school

- provides staff development on how to plan and implement school-wide and classroom-based activity that (a) focuses on building assets and addressing problems; (b) incorporates an understanding of how to personalize interventions to address individual differences in motivation and developmental levels (including an appreciation of socio-cultural-economic factors, disorders/disabilities, etc); and (c) creates opportunities to establish positive and supportive relationships among all school staff and with students and their parents
- plans and implements, over time, a comprehensive and multifaceted intervention continuum encompassing (a) prevention (e.g., programs to enhance wellness through instruction, guidance and counseling, mentoring and advocacy programs, before and after school programs, transition interventions, crisis prevention through human relations and mediation programs, etc.); (b) early-after-onset interventions (e.g., tutoring and other academic supports, counseling, peer mediation, conflict resolution, crisis response, employee assistance programs, etc.); and (c) intensive and specialized assistance (e.g., intensive counseling and therapy, alternative and special educational programs, wrap-around approaches for delivering systems of care, crisis intervention, recovery, and aftermath services)

Examples of *outcomes* that might be evaluated related to *3.4 (Coordination, development, and leadership related to school-owned programs,services, resources, and systems)* include how well the school

- provides leadership and other staff development to establish a clear vision and goals for how to evolve comprehensive, multifaceted, and integrated approaches related to school and community mental and physical health, social services, and education programs; this encompasses cross-disciplinary and cross-role training
- enhances communication among those responsible for support programs and services (e.g., communication about goals, roles and functions, procedures, problems and how to solve them, progress, etc.)

- expands the roles, functions, and accountability requirements of those responsible for support programs and services to encompass resource mapping, analysis, and redeployment for purposes of evolving comprehensive, multifaceted, and integrated approaches

- provides orientation and staff development that enables new staff to catch up to their colleagues with respect to systemic changes

- outreaches to coordinate and integrate with community resources

Examples of *outcomes* that might be evaluated related to *3.5 (Consultation, supervision, and inservice instruction with a transdisciplinary focus)* include how well the school

- provides ongoing staff development for consultants, supervisors, and inservice instructors that expand their understanding of wellness programs, contemporary models for understanding problems, and strategies for moving beyond individual oriented interventions to ones that address the needs of the many students in a classroom and school (including models for systemic change)

- ensures all school staff and individuals in training have regular access to MH specialists and cross-disciplinary exchanges for purposes of mutual sharing, consultation, and mentoring related to promoting social/emotional development and addressing barriers to learning.

Examples of *outcomes* that might be evaluated related to *3.6 (Enhancing connections with and involvement of home and community resources)* include how well the school

- assigns sufficient resources to develop effective connections and involvement – especially if there are specific barriers such as language and cultural differences that must be addressed (e.g., resources in the form of translation services, provision of child care, time, space, budget)

- includes family and community representatives in the planning, design, implementation, revision, and evaluation of programs and services

- develops multiple access points and multiple ways for family and community representatives to provide input and feedback

- provides opportunities for all stakeholders to learn about each other (e.g., activities where similarities and differences in backgrounds, current status, interests, areas of competence, values, concerns, etc. are shared)

- provides opportunities for all stakeholders to develop a shared vision and goals for working together to strengthen the youngsters, school, families, and the neighborhood

Guideline Area 4

Timing and Nature of Problem-Oriented Interventions

Examples of *outcomes* that might be evaluated related to *4.1 (Primary prevention)* include how well the schools

- pursues primary prevention as an integrated part of a comprehensive, multifaceted continuum of interventions for addressing barriers to learning and promoting healthy development

- integrates/interfaces with systems of early intervention and systems of care

- engages school, home, and community resources in a joint, committed effort -- allowing for each to make adaptations to meet specific needs

- ensures approaches encompass school-wide environment, classroom environment and curriculum, support for families, enhancement of home involvement, etc. and take multiple forms -- including environmental redesign, integration into the curriculum counseling, enrichment, peer supports for students and families, etc. (i.e., address environment, person-environment transactions, as well as person factors)
- develops approaches that reverse or reduce known risks and enhance protective factors by promoting positive attitudes and developing capabilities/skills and knowledge (e.g., a universal approach for all students; a selective approach for individuals or subgroups deemed "at risk")
- develops long term strategies -- spanning the school career with repeated interventions to minimize the impact of risk factors and continue to enhance protective factors and resiliency

Examples of *outcomes* that might be evaluated related to *4.2 (Intervening early after the onset of a problem)* include how well the schools

- identifies and reaches consensus with relevant stakeholders re. key stressors or problems
- develops intervention planning procedures that meet needs by using the least restrictive and disruptive interventions and that personalize content and processes to match participant levels of motivation and development
- assesses effectiveness of school and home interventions at regular intervals to confirm needs are addressed, plans are reformulated as needed , and interventions are ended when sufficient progress is achieved
- develops strategies for period reassessments to detect whether difficulties have reappeared and, if so, to reintervene quickly
- establishes practices for addressing specific stressful events that might exacerbate existing vulnerabilities (e.g. provide for temporary or permanent class and school changes)

Examples of *outcomes* that might be evaluated related to *4.3 (Interventions for severe, pervasive, and/or chronic problems)* include how well the schools

- provides short-term, on site interventions for effectively responding to a *specific severe incident.* Such interventions minimally should: (a) stabilize the situation and protect those involved, including providing special accommodations as necessary, (b) inform and involve the family in addressing the problem, (c) assess the need for and implement school program modifications and ongoing accommodations to minimize future problems, (d) assess the need for referral to other resources in the school (e.g., individual counseling, group counseling, special education assessment/services), school district (e.g., special programs and units such as crisis response, suicide prevention team), and community (e.g., family health provider, public agencies), (e) refer, as needed, to appropriate, agreed upon resources and provide support to ensure an effective connection with the referral, (f) monitor to determine that referrals are assisting in appropriate and effective ways, and (g) ensure all special assistance is managed in ways that maximizes coordination and integration of multiple interventions.
- respond effectively to *pervasive/chronic problems* by providing information and access to the full range of special programs for which the student may be eligible. Such responses minimally should (a) involve parents and student in all planning and decision making, (b) provide referral for assessment to determine eligibility for all appropriate special programs (e.g., special education for those who are diagnosable as having emotional disturbance and /or ADHD, with or without other health impairments or learning disabilities, etc.), (c) reassess those already receiving special education services to determine that services are appropriate and sufficient., (d) include a plan (e.g., as part of the IEP) for transition out of special programs, as soon as appropriate, (e) implement environmental accommodations that address individual differences and disabilities in ways that minimize problems and their impact, (f) link with appropriate community mental health

resources to establish effective systems of care (e.g., case monitoring and management), (g) mobilize the family and student to enhance the effectiveness of interventions, and (h) support the principle of full inclusion by regularly evaluating progress and, as soon as feasible, implementing the plan to transition the student out of interventions that disrupt and restrict participation in regular school programs.

Guideline Area 5
Assuring Quality of Intervention

Examples of *outcomes* that might be evaluated related to *5.1 (Systems and interventions are monitored and improved as necessary)* include how well the school

- designs and uses processes in ways that are consistent with the vision for evolving systems and interventions to address mental health and psychosocial concerns, with adjustments allowed to accommodate immediate feasibility considerations
- allocates sufficient resources to implement procedures in a timely, appropriate, and effective manner
- develops and maintains an updated list of representatives of all stakeholder groups who are regularly asked to provide feedback about the quantity and quality of their opportunities for involvement in activities related to mental health in the school
- provides stakeholders with multiple channels for conveying such feedback and addressing barriers to feedback (e.g., related to language, culture)
- reviews and uses the feedback to enhance stakeholder commitment and involvement (e.g., informing stakeholders of the changes made as a result of their feedback)
- focuses on results (e.g., relevant changes in policy, organizational and operational infrastructure, mechanisms, procedures, personnel, and outcomes; progress in developing a comprehensive, multifaceted, and integrated continuum of interventions)

Examples of *outcomes* that might be evaluated related to *5.2 (Programs and services constitute a comprehensive, multifaceted continuum)* include how well the school

- develops stakeholder understanding of the importance, nature, and scope of a comprehensive, multifaceted continuum of interventions addressing mental health and psychosocial concerns and how to enhance the continuum of interventions
- elicits stakeholder feedback about the current status of the continuum -- focusing on both what the school is doing (school-wide and in the classroom) and what the community is doing with respect to promoting wellness and addressing problems (including providing appropriate accommodations, responding to crises, meeting special education needs in ways that are consistent with a commitment to inclusion)
- enhances development of the continuum of programs and services

Examples of *outcomes* that might be evaluated related to *5.3 (Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development)* include how well the school

- employs sufficient staff (including an appropriate proportion who have licenses/credentials or are in the process of obtaining such certification) to address the school's needs in developing a comprehensive, multifaceted, continuum of interventions
- provides regular opportunities for staff to participate in relevant learning experiences (eg., consultation, supervision, mentoring and "shadowing," team activities, workshops, conferences)

(a) provided by persons with expertise related to mental health in schools and (b) focused generally on addressing psychosocial and mental health concerns in schools -- including the promotion of social and emotional development and addressing problems, cultural and institutional considerations, relevant laws and regulations, educational processes

- offers specific opportunities for cross-disciplinary, cross-role, and cross-agency learning
- provides specific learning opportunities related to the daily activities for which an individual has particular responsibilities
- provides opportunities during planning and implementation of interventions for stakeholders to provide their ideas for improving the program/service
- takes steps to analyze and use quality assurance data to enhance the number employed and improve intervener knowledge and skills
- delineates policies and practices providing staff development for counseling, psychological, and social service personnel
- links such continuing professional education to school-wide improvement programs and integrates it with staff development for other school personnel
- includes relevant stakeholders in planning, implementing, and evaluating the scope, timing, and delivery and impact of the staff development for such personnel
- plans, implements, and evaluates the staff development in a well-conceived and effective manner (eg., the process reflects research-based approaches that underscore the importance of interactive and reflective learning over time)
- employs Internet, distance learning, and other advanced technologies to enhance the feasibility, nature, and scope of professional development
- takes steps to analyze and use quality assurance data to improve the state of affairs related to the above matters.

Examples of *outcomes* that might be evaluated related to *5.4 (School-owned programs and services are coordinated and integrated)* include how well the school

- uses mechanisms and procedures to ensure program/service coordination and integration
- provides those responsible for ensuring program/service coordination and integration opportunities to learn about relevant school and district-owned programs, services, and related resources
- reviews and analyzes programs/services/resources to identify linkage problems and plan improvements
- takes steps to pursue planned improvements toward more effective program/service coordination and integration.

Examples of *outcomes* that might be evaluated related to *5.5 (School-owned programs and services are connected to home & community resources)* include how well the school

- addresses factors that interfere with efforts to coordinate and integrate with the home and with community resources that are needed to fill gaps in a school's programs/services
- offers a sufficient range of home involvement programs and related family-oriented services (e.g., adult education opportunities, family assistance services, opportunities for involvement in school governance, program planning, and quality assurance)

- uses mechanisms and processes for regular outreach to and involvement with such community resources as mental health and social service agencies, youth development and advocacy programs, etc. (e.g., staff focused on outreach to enhance resources, staff focused on working with community agencies to implement referral, triage, and case management procedures)

- makes formal agreements connecting school with community resources

- takes steps to analyze and use quality assurance data to improve school-home and school-community connections.

Examples of *outcomes* that might be evaluated related to *5.6 (Programs and services are integrated with instructional and governance/management components at schools)* include how well the school

- specifies such integration in its guiding principles (e.g., vision and policy statements)

- plans for such integration in the school improvement plan

- assigns responsibility for such integration to a school administrator

- facilitates such integration through formal representation on the governance body

- facilitates such integration through participation of counseling, psychological, and social service staff in (a) instructional planning activity, (b) classroom program implementation, and (c) providing inservice instruction on a regular basis to the instructional staff and those involved in governance

- facilitates such integration through analysis and use of quality assurance data.

Examples of *outcomes* that might be evaluated related to *5.7 (Program/services are available, accessible, and attractive)* include how well the school

- delineates its procedures for making teachers, administrators, students and their families aware of (a) existing programs/services and (b) how to access them

- engages counseling, psychological, and social service staff in activity that (a) informs stakeholders about programs/services, (b) increases the attractiveness and reduces concerns about programs/services, (c) instructs stakeholders regarding access procedures, (d) enhances resources and systems

- conveys to all stakeholders that counseling, psychological, and social service staff are competent, committed, responsive, and caring and that the programs are necessary, important, and beneficial

- invests in making programs/service facilities attractive (e.g., ensuring that they are well-equipped, lighted, and decorated)

- facilitates use of programs/services – distinguishing between those that are mandated and those that are voluntary

- takes steps to analyze and use quality assurance data to improve availability, accessibility, and attractiveness.

Examples of *outcomes* that might be evaluated related to *5.8 (Empirically-supported interventions are used when applicable)* include how well the school

- uses programs/services that have a designated research base

- provides learning opportunities for counseling, psychological, and social service staff, and other personnel providing similar functions, to increase their knowledge and use of research-based practices to decrease risk factors and increase assets and protective factors through individual and environment-focused interventions
- takes steps to analyze and use quality assurance data to increase the use of research-based practices.

Examples of *outcomes* that might be evaluated related to *5.9 (Differences among students/families are appropriately accounted for)* include how well the school

- stresses the need to respect and account for diversity and differences in its mission and policy statements
- provides staff development for counseling, psychological, and social service personnel to enhance their competence for accounting for diversity and differences
- allocates resources in ways that account for relevant individual and subgroup differences
- uses assessment practices to identify differences that are relevant to planning, implementing, and evaluating interventions
- personalizes interventions to account for relevant individual and subgroup differences
- disaggregates evaluation data account for relevant differences among subgroups of students
- takes steps to analyze and use quality assurance data to improve how diversity and differences are accounted for.

Examples of *outcomes* that might be evaluated related to *5.10 (Legal considerations are appropriately accounted for)* include how well the school

- assesses staff knowledge of current legal mandates and regulations and standards of practice that apply to their activity (eg., intervention mandates, privacy safeguards, reporting requirements, school policies and how they apply to professionals who work at a school site but are not employees of the school system)
- provides staff development to keep them updated
- provides access to informed consultation (eg., with school administration or an attorney) to clarify legal and policy considerations)
- delineates legal relationships and obligations in contracts between schools and community providers and specifies guidelines for school system employees and school-based community providers
- monitors legal violations
- takes steps to analyze and use quality assurance data to improve the state of affairs related to the above matters.

Examples of *outcomes* that might be evaluated related to *5.11 (Ethical issues are appropriately accounted for)* include how well the school

- assesses staff knowledge of current ethical guidelines and standards for practice that apply to their activity (eg., the ethical codes developed by their guilds, the standards of practice specific by the school district)

- provides staff development to keep them updated
- provides access to informed consultation when difficult ethical dilemmas arise (eg., with an ethics committee)
- monitors ethical violations and has in place a written procedure for handling complaints and reports of violations
- takes steps to analyze and use quality assurance data to improve the state of affairs related to the above matters.

Examples of *outcomes* that might be evaluated related to 5.12 *(Contexts for intervention are appropriate)* include how well the school

- delineates a plan for ensuring the general school environment and each classroom constitutes a safe and inviting learning environment that contributes to a sense of community
- specifies policies and school-wide and classroom-based practices for addressing factors that interfere with learning and teaching (e.g., practices that minimize threats to and enhance feelings of competence, self-determination, and relatedness)
- assesses the various settings in the school designated for counseling, psychological, and social services to ensure their functional relevance
- provides enough space for designated programs and services
- assigns space in ways that maximize the match between intervention processes (e.g., individual, group and family counseling) and student/family factors (e.g., the need for privacy, the need to accommodate a highly active youngster)
- specifies policies supporting environmental and natural situation assessments (e.g., in the classroom, on the playground, in the home)
- takes steps to analyze and use quality assurance data to improve the state of affairs related to the above matters.

Guideline Area 6

Outcome Evaluation and Accountability

To monitor evaluation efforts, the focus might include how well the school

- provides for ongoing collection of data to assess demographic and utilization variables including nature, scope, and duration of program/service involvements, numbers involved, their ages and gender, ethnicity, nature of disorders/disabilities. etc.
- includes measures of (a) individual student-related outcomes such as attendance, classroom behavior, interpersonal functioning, timely completion of assignments, enhanced involvement in extra curricular activities, satisfaction with programs/services, progress toward long-term goals, (b) individual family-related outcomes such as how well they meet basic family needs, involvement in schooling, satisfaction with programs/services, (c) specific classroom-related outcomes such as aggregate of individual student outcome data and collection of comparable data on the others in the class, classroom civility, number and frequency of requests for disciplinary measures and specialized assistance, satisfaction with programs/services, (d) situation-related outcomes such as impact of crisis response and aftermath interventions, frequency of "copy cat" incidents following a suicide or suicide attempt by a student or teacher, and (e) school-wide outcomes such as impact on attendance, tardiness, misbehavior, bullying and sexual harassment, home support of child and involvement in schooling, referrals for specialized assistance, referrals

for special education, student pregnancy, suspensions, dropouts, satisfaction with programs/services

- uses accrued data on short-term goals and objectives as one set of long-term outcomes
- gathers data at designated grade levels (e.g., end of elementary, end of middle school) on students' learning related to social and personal functioning (e.g., social learning and behavior, character/values, healthy and safe behavior, civility)
- uses measures of progress toward a comprehensive, multifaceted, and integrated continuum as indicators of system development (e.g., ways in which programs and services have been enhanced to promote healthy development and address barriers to learning and teaching, numbers of students and families who have benefitted, etc.)
- uses data for accountability purposes and to enhance intervention quality

*A Note About Outcomes and Accountability**

Everyone knows the importance of having data on **results.** Few would argue against being **accountable** for their actions and outcomes. But solving complex problems requires use of comprehensive, multifaceted, and integrated interventions, and thus, the accountability framework also must be comprehensive, multifaceted, and integrated. With respect to mental health in schools, the need is for expanding the framework for school accountability.

As with many other efforts to push reforms forward, policy makers want a quick and easy recipe to use. Most of the discussion about accountability centers on making certain that program administrators and staff are held accountable. Little discussion wrestles with how to maximize the benefits (and minimize the negative effects) of accountability efforts. As a result, in too many instances the tail is wagging the dog, the dog is getting dizzy, and the public is not getting what it needs and wants.

School accountability is a good example of the problem. Policy makers want schools, teachers, and administrators (as well as students and their families) held accountable for higher academic achievement. As measured by what? As everyone involved in school reform knows, the only measure that really counts right now is achievement test scores. These tests drive school accountability, and what such tests measure has become the be-all and end-all of what is attended to by many. This produces a growing disconnect between the realities of what it takes to improve academic performance and where many policy makers and school reformers are leading the public.

This disconnect is especially evident in schools serving what are now being referred to as "low wealth" families. Such families, and those who work in schools serving them, have a clear appreciation of many barriers to learning that must be addressed so students can benefit from classroom instruction. Parents and teachers stress that, in many schools, major academic improvements are unlikely until comprehensive and multifaceted programs/services to address these barriers are developed and pursued effectively. At the same time, it is evident to anyone familiar with the situation that there is no direct accountability for whether these barriers are addressed. To the contrary, when achievement test scores do not reflect an immediate impact for the investment, efforts essential for addressing barriers to development and learning often are devalued and cut.

Thus, rather than building the type of comprehensive, multifaceted, and integrated approach needed to enable improved academic performance, prevailing accountability measures pressure schools to maintain a narrow focus on strategies whose face validity suggests a direct route to improving performance. The implicit underlying assumption of most of these teaching strategies is that students are motivationally ready and able each day to benefit from the teacher's instructional efforts. The reality, of course, is that in too many schools the *majority* of youngsters are not motivationally ready and able and, thus, are not benefitting from the instructional refinements. For many students, the fact remains that there are a host of external interfering factors. Logically, well designed, systematic efforts should be directed at addressing such factors. However, accountability pressures override the logic and result in the marginalization of almost every initiative that is not seen as directly (and quickly) leading to academic gains.

Ironically, not only does a restricted emphasis on achievement measures work against the logic of what needs to be done, it works against gathering evidence on how essential and effective it is to address barriers to learning directly. As long as school accountability ignores these concerns, it remains difficult to make an empirical case for school interventions that focus on interfering factors. This is not to say that it would be easy to show causal connections between such strategies and the immediate and direct results they are meant to produce (never mind showing the long-term, indirect outcomes that they hope to engender).

As Lisabeth Schorr and Daniel Yankelovich warn in an op ed article entitled *What works to Better Society Can't Be Easily Measured:*

> . . . "Alas, insistence on irrefutable scientific proof of causal connections has become an obstacle to finding what works, frustrating the nation's hunger for evidence that social programs are on the right

> path. Ironically, the methods considered most scientific can actually defeat thoughtful assessments of promising interventions.
>
> Why is this so? It is because scientific experiments are best equipped to study isolated interventions, whereas the most promising social programs don't consist of discrete, circumscribed pieces. . . .
>
> Many new approaches now are becoming available for evaluating whether complex programs work. What they lack in certainty they make up for in richness of understanding that builds over time and across initiatives. Quarrels over which method represents "the gold standard" make no more sense than arguing about whether hammers are superior to saws. . . ."

Properly designed and implemented, school accountability policies provide an important arena in which to pursue the type of new evaluation approaches essential for demonstrating how important education support programs are to the success of school reform.

All this leads to an appreciation of why an expanded framework for school accountability is needed – a framework that includes direct measures of achievement and much more. The figure on the next page highlights such a framework.

Few would argue with the notion that ultimately school reform must be judged in terms of whether the academic performance of students improves significantly (approaching "high standards"). At the same time, it is essential that accountability encompasses all facets of a comprehensive and holistic approach to facilitate and enable development and learning. Such an approach comprises programs designed to achieve high standards for learning related to social and personal functioning and those designed to address barriers to student learning. Currently, efforts in these arenas are given short shrift because they are not part of the accountability framework. To be more specific, it is clear that concerns about social learning and behavior, character/values, civility, healthy and safe behavior, and other facets of youth development are not included when school accountability is discussed. Similarly, school programs/services designed to address barriers to student learning are not attended to in a major way in the prevailing accountability framework. We suggest that "getting from here to there" in improving academic performance also requires expanding the accountability framework to include high standards and related accountability for activities to enable learning and development by addressing barriers. Among the accountability indicators ("benchmarks") for such programs are increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, and fewer pregnancies, suspension, and dropouts.

Concern about the need to expand the accountability framework is being driven home through litigation. For example, in California, the ACLU recently initiated a suit against the state to hold them accountable for the substandard conditions found in too many schools. As one of the lawyers states:

> "There is a whole lot of talk now about accountability in education. ... I think this is an excellent idea, But who is accountable to our students? The state has established and works through local school boards, but that is a political and legislative choice, not a constitutional mandate. Under general state constitutional law, the buck stops with the governor, the superintendent of public instruction, and other state officials.
>
> But in the daily reality of our schools, there is another answer to the question of who is accountable to our students: No one. The patchwork of laws and regulations that govern conditions in public schools is made up mainly of holes. . . . Public school students lack some of the same protections from slum conditions that tenants have had since 1919.
>
> Where there are standards for schools, no one ever bothers to find out whether they are routinely violated. We regularly inspect workplaces, restaurants and apartment houses. No one inspects our public schools. . . . We desperately need accountability starting at the top."
>
> (Gary Blasi, UCLA professor of law)

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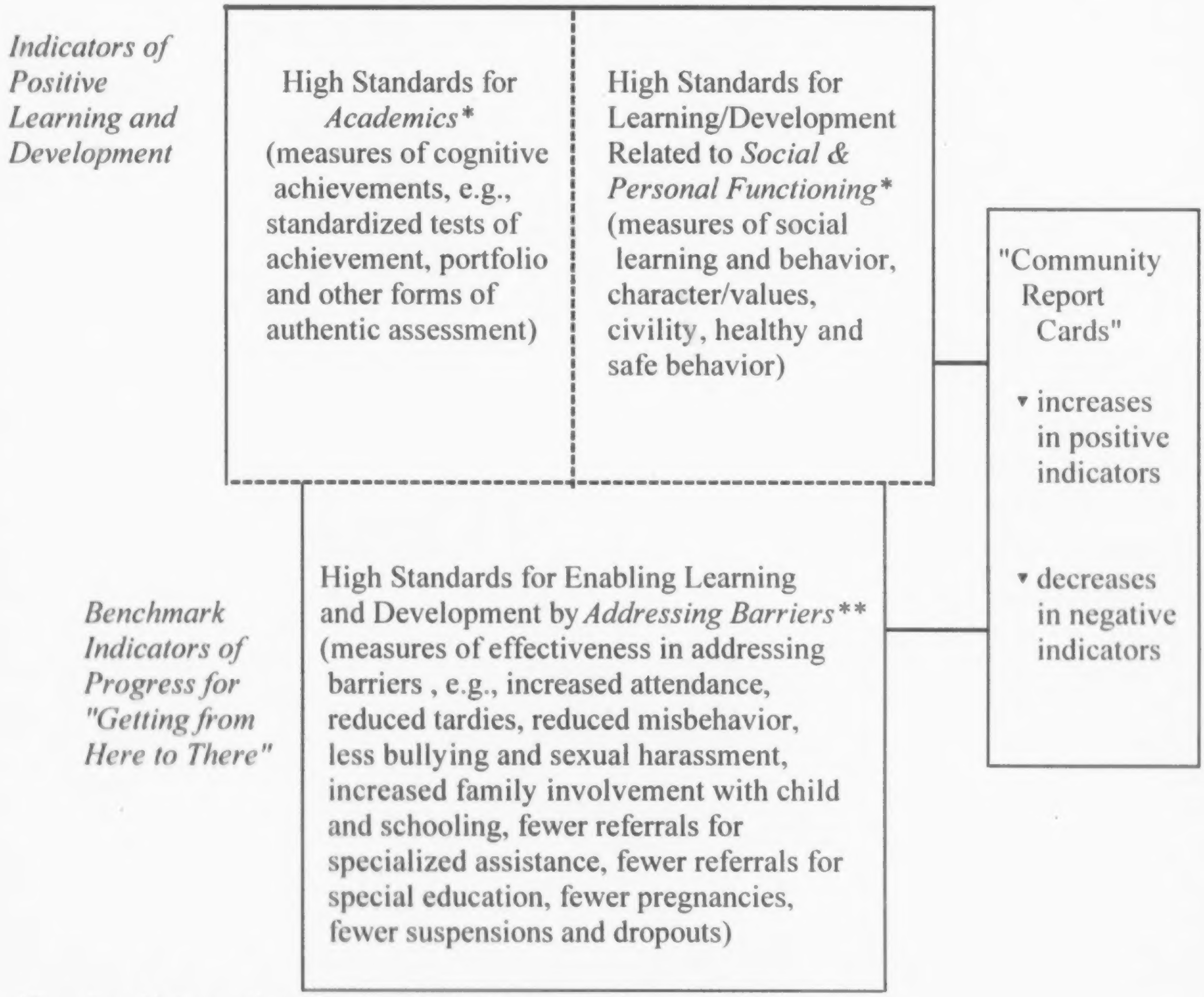
*Adapted from the Spring 2000 Newsletter of the Center for Mental Health in Schools.

Expanding the Framework for School Accountability



Indicators of Positive Learning and Development

High Standards for *Academics** (measures of cognitive achievements, e.g., standardized tests of achievement, portfolio and other forms of authentic assessment)

High Standards for Learning/Development Related to *Social & Personal Functioning** (measures of social learning and behavior, character/values, civility, healthy and safe behavior)

"Community Report Cards"

- ▾ increases in positive indicators
- ▾ decreases in negative indicators

Benchmark Indicators of Progress for "Getting from Here to There"

High Standards for Enabling Learning and Development by *Addressing Barriers*** (measures of effectiveness in addressing barriers , e.g., increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, fewer pregnancies, fewer suspensions and dropouts)

*Results of interventions for directly facilitating development and learning.

**Results of interventions for addressing barriers to learning and development.

Appendix C

Resources for Materials, Technical Assistance, and Training

The lists on the following pages are meant to provide ready reference and access to resources that can enhance work related to mental health in schools. It was generated by staff at the Center for Mental Health in Schools at UCLA in conjunction with one of the task workgroups of the Policy Leadership Cadre for Mental Health in Schools and various other contributors.

The resources have been organized into a "Gateway" map on the Center's website. The map represents the next generation (beyond lists of links) for guiding users quickly to sites that are most likely to meet their needs. It encompasses five arenas of activity:

I. Comprehensive Focus on Mental Health in Schools
II. Concerns Related to Children's Severe Mental Health Disorders
III. Concerns Related to Children's Psychosocial Problems
IV. Positive Social/Emotional Development and Prevention of Psychosocial/MH Problems
V. Others Focused on Addressing Barriers to Learning and Development

Within each of these arenas, four types of resources are mapped. These are:

Major Centers/Networks/Initiatives/Projects/Consumer Info Resources (Major resources for information, services, and/or public education)

Associations (National organizations whose mission focuses on issues related to MH in schools. State & local associations can be located through the national association's website)

Government Agencies (Major federal government resources for information, services, and/or public education)

Listservs (Email discussion groups whose main focus is on matters relevant to MH in schools)

Within each of these four sources for support, websites are clustered according to the concentration of immediate resources available to the user. In most cases only two groupings are provided at this time. In a few instances, three groupings were created, with the top grouping always representing sites with the highest concentration of information, resource materials, published documents, number of links, etc.

All these resources can be accessed through the Gateway on the website for the Center for Mental Health in Schools

http://smhp.psych.ucla.edu

I. Comprehensive Focus on Mental Health in Schools

Centers, Networks, Projects, and Consumer Information

Group A

Center for Effective Collaboration and Practice	Center for Mental Health in Schools	Center for School Mental Health Assistance
Education Development Center	National Mental Health and Education Center	Public Education Network
School Psychology On-Line		
Group B		
Center for the Research on the Education of Students Placed at Risk	Coalition for Cohesive Policy in Addressing Barriers to Development and Learning	Institute for the Study of Students at Risk
Lafourche Parish School Based Mental Health Program	Making the Grade	Policy Leadership Cadre for Mental Health in Schools
Policymaker Partnership	School Health Resources Services	

- Center for Effective Collaboration and Practice has resources on improving services to children and youth with emotional and behavioral problems.
- Center for Mental Health in Schools approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Its mission is to improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.
- Center for the Research on the Education of Students Placed at Risk is a research and development center, that has launched an important comprehensive school initiative designed to enhance the achievement, academic environment, and quality of life for students, teachers, and parents. Site includes descriptions of current research projects.
- Center for School Mental Health Assistance provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs. It strives to support schools and community collaboratives in the development of programs that are accessible, family-centered, culturally sensitive, and responsive to local need.
- Coalition for Cohesive Policy in Addressing Barriers to Development and Learningis a broad-based, policy-oriented coalition of organizations who have a stake in addressing barriers to development, learning, and teaching, as well as a concern for promoting healthy development.
- The Education Development Center seeks to bring researchers and practicioners together to create tools and conditions for learning, reaching people of all ages, backgrounds, and abilities.
- Institute for the Study of Students at Risk serves as a center for research and policy analysis on broad-based issues and concerns involving children, youth, and their families at risk." Site includes brief descriptions of projects and publications.
- Lafourche Parish School Based Mental Health Program offers a MH services for regular and special education students in Louisiana.
- Making the Grade is a national program of the Robert Wood Johnson Foundation that focuses on supporting state-community partnerships to establish comprehensive school-based health centers.
- The National Association of School Psychologists (NASP) has aNational Mental Health and Education Center that works to provide support for children and families and improve the professional training and practices of school psychologists and pupil service providers. It is dedicated to ensuring children receive the optimum services in their schools and communities.
- Public Education Network's School and Community Services Initiative addresses the challenge of meeting the non-academic needs of children to help ensure that students are at their best, academically and socially. The initiative takes a child-centered, coordinated-services perspective that recognizes the role of schools, families, and community agencies in the lives of children.
- Policymaker Partnership operates to increase the capacity of policymakers to act as informed change agents who are focused on improving educational outcomes for students with disabilities.
- Policy Leadership Cadre for Mental Health in Schoolsseeks to expand, link, and build the capacity of the pool of persons who provide policy leadership for MH in schools at national, state, regional, and local levels.
- School Health Resources Services (SHRS) is a network of services designed as a coordinating link with info availablefrom school health, maternal and child health, education and other disciplines -- technical information, resource materials, and research assistance.
- School Psychology On-Lineis a directory of information"available on the web "for school psychologists, school counselors, teachers, parents, and other professionals.

I. Comprehensive Focus on MH in Schools (cont.)

Associations

Group A

American School Counselor Association	National Assembly on School-Based Health Care	National Association of School Psychologists
National Association of Social Workers		
Group B		
American School Health Association	Foundation Consortium for School Linked Services	National Association of School Nurses
School Social Work Assoc. of America		

- The American School Counselor Associationis the national organization that represents the profession of school counseling. ASCA focuses on providing professional development, enhancing school counseling programs, and researching effective school counseling practices. Their mission is to promote excellence in professional school counseling and the development of all students.
- American School Health Associationunites the many professionals working in schools who are committed to safeguarding the health of school-aged children.
- Foundation Consortium for School Linked Servicesimproves well being of California's children and families by making the Community Approach the standard for child and family support programs throughout the state.
- National Assembly on School-Based Health Careis dedicated to promoting accessible, quality school-based primary health and mental health care for children and youth through interdisciplinary and collaborative efforts.
- National Association of School Psychologists (NASP) promotes educationally and psychologically healthy environmentsfor all children and youth by implementing research-based, effective programs that prevent problems, enhance independence, and promote optimal learning. This is accomplished through state-of-the-art research and training, advocacy, ongoing program evaluation, and caring professional service.
- National Association of Social Workers (NASW) works to enhance professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.
- National Association of School Nurses improves the health and educational success of children and youth by developing and providing leadership to advance school nursing practice.
- School Social Work Association of Americaserves school social workers in 50 states. Their mission is to promote the profession of School Social Work and the professional development of School Social Workers in order to enhance the educational experiences of students andtheir families. An excellent link to state and regional school social work associations.

I. Comprehensive Focus on Mental Health in Schools (cont.)

Government Agencies

Office of Adolescent Health / Mental Health in Schools Initiative	Healthy Schools Healthy Communities Program	Coordinated School Health Program
Center for Mental Health Services	Safe and Drug Free Schools	

- Dept. of Health & Human Services
  HRSA
  - Bureau of Maternal & Child Health
    - Office of Adolescent Health (e.g., Mental Health in Schools Initiative) -- charged with the primary responsibility for promoting and improving the health of our Nation's mothers and children.
  - Bureau of Primary Health Care
    - Healthy Schools, Healthy Communities Program -- provides comprehensive primary care and preventive health care services including ancillary and enabling services.

  CDC
  - Division of Adolescent and School Health (DASH)
    - Coordinated School Health Program -- mission is to prevent the most serious health risk behaviors among children, adolescents and young adults.

  SAMHSA
  - Center for Mental Health Services -- leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.

  Dept. of Education
  - Safe and Drug Free Schools Program -- is the Federal government's primary vehicle for reducing drug, alcohol and tobacco use, and violence, through education and prevention activities in our nation's schools.

I. Comprehensive Focus on Mental Health in Schools (cont.)

Listservs

What is a listserv? A listserv is a discussion group distributed through email. To "join" the discussion you must subscribe to the listserv. To subscribeto a listserv (unless noted otherwise) you need to send an email to the address listed for the listserv with the following line in the text (body) of the messageSUBSCRIBE <listserv> <e-mail>Note: Replace <listserv> with the name of the listserv. Replace <e-mail> with your e-mail address. In the following list, the corresponding email list is followed by the listserv name in parentheses. A brief description of the listserv follows. Generally, you will receive instructions for participating in the listserv after you send the request to subscribe.

- listserv@listserv.ucla.edu (mentalhealth-L) – General listserv for the Center for Mental Health in Schools
- lkuffner@naspweb.org(contact Libby Kuffner to be added to the SPAN List) – The National Association of School Psychologists' (NASP) School Psychologists Action Network list.
- listserv@listserv.ucla.edu (leaders-l) – Listserv for the Leadership Policy Cadre for Mental Health in Schools
- listserv@listserv.ucla.edu (MHSection-l) – Listserv for the National Assembly on School-Based Health Care (MH Section)
- listserv@listserv.ucla.edu (copolicy-l) – Listserv for the Coalition for Cohesive Policy in Addressing Barriers to Development and Learning

II. Concerns Related to Children's Severe Mental Health Disorders

Major Centers, etc.

Group A

Associations of Service Providers Implementing IDEA Reforms in Education Partnership	Attention Deficit Information Network	Autism Research Institute
Center of Effective Collaboration and Practice	Center for Mental Health in Schools	Center for School Mental Health Assistance
Center for Special Education Finance	Center for the Study of Autism	Child Mental Health Foundation and Agencies Network (FAN)
Council for Exceptional Children	Eating Disorders Awareness and Prevention, Inc	Family & Advocates Partnership for Education
ILIAD Partners	Institute for Mental Health Initiatives	Mental Health Net
National Association of State Directors of Special Education	National Info. Center on Children and Youth with Disabilities	National Mental Health and Education Center
National Resource Center on Homelessness and Mental Illness	Obsessive Compulsive Foundation	Policymaker Partnership
The Research and Training Center for Children's Mental Health	Research & Training Center on Family Support & Children's MH	School Psychology On-line

Group B

American's with Disabilities Act Homepage	ARCH National Resources Center for Crisis-Nursery & Respite Health Care Program	Center for Anxiety and Stress Treatment
Center for IT Accomodation	Center for Mental Health Policy	Center for Psychiatric Rehabilitation
Center for the Advancement of Children's Mental Health	Child & Adolescent Bipolar Foundation	Children's Mental Health Service Research Center
Coalition for Cohesive Policy in Addressing Barriers to Development and Learning	Exceptional Children's Assistance Center	Federal Resource Center for Special Education
Frontier Mental Health Services Resource Network	Great Lakes Area Regional Resource Center	National Anxiety Foundation
National Center for PTSD	National Resource Network for Child & Family MH Services	National Technical Assistance Center for Children's MH
National Technical Assistance Center for State MH Planning	Policy Leadership Cadre for Mental Health in Schools	Positive Behavioral Support
School Health Resources Services	School Health Resources Services	

Group C

The Carter Center - Mental Health Task Force	Center for Minority Special Education	Center for Psychology in Schools and Education
Consortium on Inclusive School Practices	National Foundation for Depressive Illnesses	

- American's with DisabilitiesAct Homepage is a Website dedicated to providing information and resources on the American's with Disabilities Act.
- ARCH National Resources Center for Crisis-Nursery & Respite Health Care Program is a service in which care is provided to individualswith disabilities and other special needs; to individuals with chronic or terminal illnesses; or to individuals at risk of abuse and neglect.
- Associations of Service Providers Implementing IDEA Reforms in Education Partnership This site answers your questions about the Individuals with Disabilities Act, keeps you informed about the ideas that work, and supports your efforts to help all children learn, progress, and realize their dreams.
- Attention Deficit Information Network is a non profit volunteer organization, which offers support and information to families of children with ADD, adults with ADD and professionals through a network of AD-IN chapters.
- Autism Research Institute is primarily devoted to conducting research, and to disseminating the results of research, on the causes of autism and on methods of preventing, diagnosing and treating autism and other severe behavioral disorders of childhood.
- The Carter Center - Mental Health Task Force is guided by a fundamental committment to human rights and the alleviation of human suffering; it seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.
- Center for Anxiety and Stress Treatment provides resources for treatment of anxiety and stress disorders.
- Center for Effective Collaboration and Practice supports and promotes a reoriented national preparedness to foster the development and adjustment of children with or at risk of developing serious emotional disturbance.
- Center for IT Accomodation is a non-profit organization helping eating disorder victims and their families.
- Center for the Advancement of Children's Mental Health develops strategies for changing the behaviors of the institutions and individuals that work with children.
- Center for Mental Health Policy focuses on child, adolescent and family mental health services research.
- Center for Mental Health in Schools approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Its mission is to improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.
- Center for Minority Special Education helps faculty who are employed by aHistorically Black University or College (HBCU), a Tribal College or Other Minority Institution (OMI) defined as serving a student population of twenty five percent (25%) minority or more.
- Center for Psychology in Schools and Education provides a distinctive focus on schools and education within the Association--a center by which members, policy-makers, and the public can identify psychology's commitment to schools and education.
- Center for Psychiatric Rehabilitation provides information on social phobia and social anxiety disorders, as well as other important resources.
- Center for School Mental Health Assistance provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs.
- Center for Special Education Finance identifies effective practices, conducts intervention and evaluation research, and provides technical assistance activities that promote the successful transition of youth with disabilities from school to adult life
- Center for the Study of Autism provides information about autism to parents and professionals, and conducts research on the efficacy of various therapeutic interventions.
- Child & Adolescent Bipolar Foundationis a community of people who care about children and adolescents with bipolar disorders (manic-depressive illness).
- Child Mental Health Foundation and Agencies Network tries to diminish the burden of mental illness through research, by powerful scientific tools to achieve better understanding, treatment and, eventually prevention of mental illness.
- Children's Mental Health Service Research Center seeks to help children and society by developing a body of knowledge about children who are at risk, the factors which place them at risk, the quality of the services being provided to them, and the long-term outcomes.
- Coalition for Cohesive Policy in Addressing Barriers to Development and Learningprovides information on social phobia and social anxiety disorders, as well as other important resources.
- Consortium on Inclusive School Practices is dedicated to enhancing the overall quality of life for childrenwho are at-risk for, or who experience, developmental disabilities, and their families through research, training, services, and program development.
- Council for Exceptional Children is the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted.
- Eating Disorders Awareness and Prevention, Inc is a non-profit organization devoted to the awareness and prevention of eating disorders.
- Exceptional Children's Assistance Center is a nonprofit association whose mission is to ensure access for individuals to private special education as a vital component of the continuum of appropriate placement and services in American education.
- Family & Advocates Partnership for Education The Partnership is a new project which aims to inform and educate families and advocates about the Individuals with Disabilities Education Act of 1997 and promising practices.
- Federal Resource Center for Special Education provides information on social phobia and social anxiety disorders, as well as other important resources.
- Frontier Mental Health Services Resource Network 's mission is the collection, analysis, and synthesis of knowledge regarding needs for and delivery of mental health services in "frontier" rural U.S. counties. It also offers technical assistance to rural agencies and advocates on mental health/substance abuse topics as they impact upon or exist within such isolated rural areas.

- Great Lakes Area Regional Resource Center works with the State Special Education Agencies of the following states: Illinois Indiana Iowa Michigan Minnesota Missouri Ohio Pennsylvania Wisconsin as the states seek ways to improve their provision of quality education and related services to infants, toddlers, children and youth with disabilities and their families.

- IDEA Local Implementation by Local Administrators (ILIAD) Partners involves more than 15 educational and related services associations. Coming together with a structure designed for succuss, the partners will build upon association strengths and provide the needed information, ideas and technical assistance to implement IDEA '97.
- Institute for Mental Health Initiatives distinguishes the elements of mental health and develops and promotes specific programs and processes to select target audiences.
- Mental Health Net provides information on social phobia and social anxiety disorders, as well as other important resources.
- National Anxiety Foundation is a website dedicated to providing information on Anxiety disorders.
- National Association of State Directors of Special Education provides information on social phobia and social anxiety disorders, as well as other important resources.
- National Center for PTSD provides information on social phobia and social anxiety disorders, as well as other important resources.
- National Foundation for Depressive Illnesses provides public and professional information about Affective Disorders, the availability of treatment, and the urgent need for further research.
- National Information Center on Children and Youth with Disabilities provides information on social phobia and social anxiety disorders, as well as other important resources.
- National Mental Health and Education Center is an information and action network to foster best practices in education and mental health for children and families — building upon strengths, understanding diversity, and supporting families.
- National Resource Network for Child & Family Mental Health Services assists employers with strategies and health system practices that reduce the costly impact of depression and other mental disorders.
- National Resource Center on Homelessness and Mental Illness provides technical assistance, identifies, and synthesizes knowledge, and disseminates information.
- National Technical Assistance Center for Children's Mental Health provides technical assistance to improve service delivery and outcomes for children and adolescents with, or at-risk of, serious emotional disturbance and their families. The mission of the TA Center is to assist states and communities in building systems of care that are child and family centered , culturally competent , coordinated , and community-based.
- National Technical Assistance Center for State Mental Health Planning provides on-site technical assistance to individual states and regions on all issues of importance to mental health planning, service delivery, and evaluation.
- Obsessive Compulsive Foundation is an international not-for-profit organization composed of people with obsessive compulsive disorder (OCD) and related disorders, their families, friends, professionals and other concerned individuals.
- Policy Leadership Cadre for Mental Health in Schools seeks to expand, link, and build the capacity of the pool of persons who provide policy leadership for MH in schools at national, state, regional, and local levels.
- Policymaker Partnership operates to increase the capacity of policymakers to act as informed change agents who are focused on improving educational outcomes for students with disabilities.
- Positive Behavioral Support develops, evaluates, and disseminates technology of behavioral support that (a) is effective with severe behavior problems, (b) is consistent with community standards for nonaversiveness, (c) is consistent with the existing science of human behavior, and (d) can be used by staff in typical school and community settings.
- Research and Training Center for Children's Mental Health tries to improve services for children and adolescents with serious emotional disabilities (SED) and their families by strengthening the knowledge base for effective services and systems of care.
- Research and Training Center on Family Support and Children's Mental Health is dedicated to promoting effective community-based,culturally competent, family-centered services for families and their children who are, or may be affected by mental, emotional or behavioral disorders.
- School Health Resources Services is a network of services designed as a coordinating link between you and the information available from school health, maternal and child health, education and other disciplines. SHRS provides you with technical information, resource materials, and research assistance.
- School Psychology On-line is a directory of information available on the web for school psychologists, school counselors, teachers, parents, and other professionals.
- Special Needs Education Project provides resources for parents, teachers, schools, and other professionals, individuals, groups, and organizations involved in the education of students with special needs.

II. Concerns Related to Children's Severe Mental Health Disorders (cont.)

Associations

Group A

American Academy of Child and Adolescent Psychiatry	American Psychiatric Association	American Psychiatric Nurses Association
American Psychological Association	American School Counselor Association	Anxiety Disorders Association of America
National Alliance for the Mentally Ill	National Assembly on School-Based Health Care	National Association of School Psychologists
National Association of Social Workers	National Attention Deficit Disorder Association	National Depressive and Manic Depressive Association
Social Phobia/Social Anxiety	Tourette Syndrom Association	

Group B

Academy for Eating Disorders	American College of Mental Health Administration	American Orthopsychiatric Association
American Psychological Society	American School Health Association	American Society for Adolescent Psychiatry
Association of Clinicians for the Underserved	Autism Society of America	Children and Adults with ADHD
Clinical Child Psychology	Depression and Related Affective Disorders Association	Federation of Families for Children's Mental Health
International Society for Traumatic Stress Studies	National Alliance for Research on Schizophrenia and Depression	National Association of Anorexia Nervosa and Associated Disorders
National Association of Private Schools for Exceptional Children	National Association of School Nurses	National Association of State Mental Health Program Directors
National Educational Association of Disabled Students	National Technical Assistance Center	National Transition Alliance for Youth with Disabilities
School Social Work Assoc. of Amer.	Society for Adolescent Medicine	

- American Academy of Child and Adolescent Psychiatry is a public service to aid in the understanding and treatment of the developmental, behavioral, and mentaldisorders. You will find information on child and adolescent psychiatry, fact sheets for parents and caregivers, AACAP membership, current research, practice guidelines, managed care information, awards and fellowship descriptions, meeting information, and much more.
- American Psychiatric Association is a medical specialty society specializing in the diagnosis and treatment of mental and emotional illnesses and substance use disorders.
- American Psychiatric Nurses Association provides leadership to advance psychiatric-mental health nursing practice, improves mental health care for culturally diverse individuals, families, groups and communities, and shapes health policies for the delivery of mental health services.
- American Psychological Association is the largest scientific and professional organization respresenting psychology in the United States, working to advance psychology as a science, a profession, and a means of promoting human welfare.
- American School Counselor Association represents school counseling; focuses on providing professional development, enhancing school counseling programs, and researching effective school counseling practices.
- Anxiety Disorders Association of America promotes the prevention and cure of anxiety disorders and works to improve the lives of all people who suffer from them.
- Academy for Eating Disorders is a multidisciplinary professional organization focusing on Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and related disorders.
- American College of Mental Health Administration is an organization which provides a forum for addressing important current issues. Their goals include advancing mental health, educating government departments or agencies responsible for mental health issues, and fostering research.
- American Orthopsychiatric Associationprovides a common ground for collaborative study, research, and knowledge concerning

the preventive, treatment, and advocacy approaches to mental health.

- American Psychological Societyoffers researchers and academics the resources needed to advance professionally.
- American School Health Association unites the many professionals working in schools who are committed to safeguarding the health of school-aged children.
- American Society for Adolescent Psychiatry focuses on teen, adolescence, and young adult issues, acting both as a professional network for its members and a specialized community dedicated to education development and advocacy of adolescents and the adolescent psychiatric field.
- Association of Clinicians for the Underserved is a non-profit, multi-disciplinary organization with a primary emphasis on clinicians who are providing health care to medically underserved populations.
- Autism Society of America's mission is to promote lifelong access and opportunities for persons within the autism spectrum and their families, to be fully included, participating members of their communities through advocacy, public awareness, education, and research related to autism.
- Child and Adults with Attention Deficit/Hyperactivity Disorder works to improve the lives of people with attention-deficit/hyperactivity disorder through education, advocacy and support.
- Clinical Child Psychologycontains information of activities, events, and news of interest to professionals and students involved in clinical child psychology.
- Depression and Related Affective Disorders Association a non profit organization composed of professionals with depressive or maniac depressive illnesses who strive to assist self-help groups, provide education and info, and lend support to research.
- Federation of Families for Children's Mental Healthserves the needs of children with serious emotional, behavioral and mental disorders and their families. The FFCMH responds to mail, telephone, in-person and electronic inquires by providing publications, information on seminars, workshops, speaker's bureaus, crisis intervention and support groups.
- International Society for Traumatic Stress Studies provides a forum for the sharing of research, clinical strategies, public policy concerns and theoretical formulations on trauma in the United States and around the world.
- National Alliance for the Mentally Illis the nation's leading grassroots advocacy organization solely dedicated to improving the lives of persons with severe mental illnesses including schizophrenia, bipolar disorder (manic-depressive illness), major depression, obsessive-compulsive disorder, and severe anxiety disorders.
- National Alliance for Research on Schizophrenia and Depression is the largest donor-supported organization in the world devoted exclusively to supporting scientific research on brain disorders.
- National Assembly on School-Based Health Care is dedicated to promoting accessible, quality school-based primary health and mental health care for children and youth through interdisciplinary and collaborative efforts.
- National Association of School Psychologists (NASP) promotes state-of-the-art research and training, advocacy, ongoing program evaluation, and caring professional service.
- National Association of Social Workers (NASW) works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.
- National Attention Deficit Disorder Association is an organization focused on the needs of adults and young adults with ADD/ADHD, and their children and families.
- National Depressive and Manic Depressive Association is the nation's largest patient-run, illness-specific organization. Their site contains information, advocacy, and support on the nature of depressive and manic-depressive illnesses.
- National Association of Anorexia Nervosa and Associated Disorders is a non-profit organization helping eating disorder victims and their families -- free hotline counseling, international network of support groups for sufferers and families, referrals to health care professionals who treat eating disorders across the U.S. and in fifteen other countries.
- National Association of Private Schools for Exceptional Children is a nonprofit association whose mission is to ensure access for individuals to private special education.
- National Association of School Nurses improves the health and educational success of children and youth by developing and providing leadership to advance school nursing practice.
- National Association of State Mental Health Program Director identifies public mental health policy issues, and apprises its members of research findings and best practices in the delivery of mental health services. They also foster collaboration, provide consultation and technical assistance, and promote effective management practices and financing mechanisms.
- National Educational Association of Disabled Students is a consumer organization that encourages self-empowerment of post-secondary students with disabilities. The site contains info on services and programs for students with disabilities nationwide.
- National Technical Assistance Center provides on-site technical assistance to individual states and regions on all issues of importance to mental health planning, service delivery, and evaluation.
- National Transition Alliance for Youth with Disabilities is working to create a brighter future for all youth transitioning from school to employment, postsecondary experiences and independent living.
- School Social Work Association of Americaserves school social workers in 50 states. Their mission is to promote the profession of School Social Work and the professional development of School Social Workers in order to enhance the educational experiences of students and their families. An excellent link to state and regional school social work associations.
- Social Phobia/Social Anxiety is a non-profit organization which seeks to meet the growing needs of people throughout the world who have social phobia/social anxiety.
- Society for Adolescent Medicine is a multidisciplinary organization of professionals committed to improving the physical and psychosocial health and well-being of all adolescents.
- Tourette Syndrome Association is the only national organization dedicated to providing up-to-date, accurate information about Tourette Syndrome, its treatment, relevant scientific research, and consumer services.

II. Concerns Related to Children's Severe Mental Health Disorders (cont.)

Government Agencies

SAMHSA	Center for Mental Health Services	Knowledge Exchange Network
Children's Campaign	Office of Minority Health Resource Center	Office of Adolescent Health / Mental Health in Schools Initiative
National Institute of Mental Health	Anxiety Disorders Education Program	Depression Education Program
Bipolar Disorder Program	Child and Adolescent Research Consortium	Office of Special Education Programs
National Council on Disability		

- Dept. of Health & Human Services
  - SAMHSA – improves the quality and availability of prevention, treatment, and rehabilitation services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.
    - Center for Mental Health Services – leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.
      - Knowledge Exchange Network – provides information about mental health via a toll-free telephone number (800-789-2647), this web site and more than 200 publications.
      - Children'sCampaign -- increases awareness about the emotional problems of America's children and adolescents and gain support for needed services.
  - Office of Minority Health Resource Center – improves the health of racial and ethnic populations through the development of effective health policies and programs that help to eliminate disparities in health.
  - HRSA
    - Bureau of Maternal & Child Health
      - Office of Adolescent Health (Mental Health in Schools Initiative) – charged with primary responsibility for promoting and improving the health of our Nation's mothers and children.
  - National Institutes of Health
    - National Institute of Mental Health – achieves better understanding, treatment and, eventually prevention of mental illness.
      - Anxiety Disorders Education Program – increases awareness among the public and health care professionals that anxiety disorders are real medical illnesses that can be effectively diagnosed and treated.
      - Depression Education Program -- lists symptoms of depression, gives possible causes, tells how depression is diagnosed, and discusses available treatments.
      - Bipolar Disorder Program – describes the disorder; gives signs and symptoms, types of treatment, and how to find help.
      - Child and Adolescent Research Consortium
- Department of Education
  - Office of Special Education Programs – focuses on the free appropriate public education of children and youth with disabilities from birth through age 21.
- National Council on Disability – makes recommendations to the President and Congress on issues affecting 54 million Americans with disabilities.

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Note: The letters A, B, and C in superscript after a name designates the task workgroup(s) with which the individual was affiliated.

If you are interested in becoming a member of the Policy Leadership Cadre for Mental Health in Schools, you can sign up by sending your contact information (name, agency, address, etc) either through email at smhp@ucla.edu or call (310) 825-3634.

*Next Steps for the Cadre**

Policy Leadership Cadre for Mental Health in Schools

(1) What do you think about the suggestion that a next step for the Cadre would be to add to its "tool kit" by developing some tools that can be used by Cadre members and others as they strive to advance policy for MH in schools in their states and localities?

Would you be interested in being part of a work group to develop these tools? Yes____ No _____

If you are aware of any relevant tools of this nature, please let us know where to get them.

(2) What else do you suggest as possible next steps for the Cadre?

(3) If there are others you think we should contact about joining the Cadre, provide contact information here.

Your Name ______________________________ Title ______________________________

Agency ____

Address ____

City __________________________________ State ___________ Zip ______________

Phone (____)_______________ Fax (____)_______________ E-Mail __________________

Thanks for completing this form. Return it by FAX to (310) 206-8716.

*Or access this form on the Internet at http://smhp.psych.ucla.edu click on Contents, scroll downto Center Hosted Sites and go to the Policy Leadership Cadre pages.

The work of the Policy Leadership Cadre for MH in Schools is facilitated by the national Center for Mental Health in Schools which operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 Phone: (310) 825-3634.

Support comes in part from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health, with co-funding from the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services.

Listservs

General Mental Health	ADD/ADHD	Anxiety Disorders
Autism/Developmental Disorders	Eating Disorders	Affective (Mood) Disorders/Schizophrenia
Special Needs		

General Mental Health

- NIMH-E-News@List.nih.gov (NIMH-E-News) – News from the NIMH.
- listserv@listserv.ucla.edu (mentalhealth-L) – General listserv for the Center for Mental Health in Schools
- lkuffner@naspweb.org The National Association of School Psychologists' (NASP) School Psychologists Action Network list.
- listserv@listserv.ucla.edu (leaders-l) – Listserv for the Leadership Policy Cadre for MH in Schools
- listserv@listserv.ucla.edu (MHSection-l) – Listserv for the National Assembly on School-Based Health Care (M H Section)
- listserv@listserv.ucla.edu (copolicy-l) – Listserv for the Coal. for Cohesive Policy in Addressing Barriers to Develop./ Learning.
- KMH-List-Request@affinitybooks.com (KMH-List) – Listserv for Kids Mental Health (KMH).
- listserv@maelstrom.stjohns.edu (CHILD-PSYCH) – Child Psychology and Psychiatry listserv.
- listproc@mbnet.mb.ca (ICOUNSEL) – School Counselors Listserv.
- listserv@indycms.iupui.edu (YOUTHNET) – List for Therapists/ Service Providers working with youth.
- listserv@maelstrom.stjohns.edu (WFMH-SCL) – List for the World Federation of Mental Health Congress.
- listserv@frodo.carfax.co.uk (JMH) – Journal of Mental Health.
- listserv@maelstrom.stjohns.edu (PsyUSA – Listserv for PsyUSA.
- listserv@maelstrom.stjohns.edu (PSYC-SOC) – Listserv for Psychiatric Social Workers

ADD/ADHD

- adhdnewsletter@hartley.on.ca (ADD/ADHD Newsletter) – ADD/ADHD Newsletter for Parents.
- add-kids-info-request@dragon.com (ADD-KIDS-INFO) – List about ADD in Children.
- listserv@vm.ege.edu.tr (ADS-L) – List about Attention Deficit Syndrome.
- listserv@maelstrom.stjohns.edu (ADD-KIDS) – List about ADD for parents.
- add-holistic-request@mLists.net (ADD-HOLISTIC) – Listserv for Holistic/alternative treatments and support for ADD.

Autism/Developmental Disorders

- listserv@listserv.iol.ie (AUTINET) – Listserv about Autism and Developmental Disorders.
- listserv@sjuvm.stjohns.edu (AUTISM) – Listserv about Autism and Developmental Disorders.

Eating Disorders

- listserv@sjuvm.stjohns.edu(EAT-DIS) – Listserv about Eating Disorders for professionals

Anxiety Disorders

- panic-request@gnu.ai.mit.edu(PANIC) – Listserv about Agoraphobia/panic disorders
- listserv@maelstrom.stjohns.edu(YANX-DEP) – Listserv about Child and Adolescent Anxiety

Affective (Mood) Disorders/ Schizophrenia

- majordomo@ucar.edu(PENDULUM) – Listserv about Bipolar Affective Disorder
- walkers-join@lists.walker.org(WALKERS-IN-DARKNESS) – Listserv about Mood Disorders and related
- listserv@asuvm.inre.asu.edu(SCHIZOPH) – Listserv about Schizophrenia

Special Needs

- listserv@maelstrom.stjohns.edu(our-kids) – Listserv about Children with Physical and/or Mental Disabilities and Delays
- majordomo@sonic.net(LIFEPLANNING) – Listserv about Life planning for individuals with disabilities
- majordomo@wrightslaw.edu(special-ed-advocate) – Listserv about Special Education Advocate
- majordomo@virginia.edu(SEPRACT) -- Listserv about Special Education Practices
- listproc@schoolnet.carleton.ca(SNEtalk-l) – Listserv for General Discussion of Special Needs Education
- listserv@listserv.nodak.edu(PSYCH-DD) – Listserv about psychology, Development Disabilities
- listserv@sjuvm.stjohns.edu(ALTLEARN)– Listserv about alternative approaches to learning for those with physical disabilities
- majordomo@bga.com(MRDEAF-L) – Listserv about Education of the mentally retarded
- majordomo@majordomo.srv.ualberta.ca(INCLUSION) – Listserv about Inclusive Education
- mailbase-admin@mailbase.ac.uk(INCLUSIVE-EDUCATION) – Listserv about Inclusive Education
- listserv@listserv.arizona.edu(psychoeducational_assess) – Listserv about Psychoeducational Assessment
- listproc@schoolnet.carleton.ca(SNEteachtalk-1) – Listserv for educators involved in Special Needs Education
- listproc@nde4.nde.state.ne.us(SPED.INCLUSIVE.ED) – Listserv about Inclusive Special Education
- listserv@miamiu.muohio.edu(SPEDNET) – Listserv about Special Education Network
- majordomo@ccc.uba.ar(INTEGRAR) – Listserv about People with special needs - in spanish
- majordomo@virginia.edu(SPEDTALK) – Listserv about issues in special education for professionals
- listserv@uga.cc.uga.edu(SPECED-L) – Listserv about issues in special education
- mayordomo@myce.gov.ar(especial) – Listserv about special learning - spanish
- listserv@maelstrom.stjohns.edu(GRASSROOTS) – Listserv about Universal inclusion in education
- listserv@asuvm.inre.asu.edu(BEHAVIOR) – Listserv about Universal inclusion in education
- listserv@peach.ease.lsoft.com(MENTAL-HEALTH-LAW) – Listserv about Institute of MH Law
- majordomo@efn.org(DENDRITE) – Listserv about Human Right in Psychiatry

III. Concerns related to children's psychosocial problems

Centers, Networks, Projects, and Info

Group A

Arizona Prevention Resource Center	Center on Addiction and Substance Abuse	Center for Mental Health in Schools
Center for School Mental Health Assistance	Center for the Study & Prevention of Violence	Children of Alcoholics Foundation
Keep Schools Safe Project	National Clearinghouse for Alcohol and Drug Information	National Mental health and Education Center
National Clearinghouse on Child Abuse and Neglect Information	Prevent Child Abuse America	Safe Schools/Healthy Students Action Center
School Psychology On-Line	Suicide Information and Education Center	

Group B

Al-Anon/Al-Ateen Family Groups	American Institute of Stress	Coalition for Cohesive Policy in Addressing Barriers to Development and Learning
Institute for the Study of Students at Risk	Institute on Violence & Destructive Behavior	Justice Information Center-Juvenile Justice
Making the Grade	Policymaker Partnership	Policy Leadership Cadre for Mental Health in Schools
School Health Resources Services	Suicide Prevention Advocacy Network	

Group C

Center for the Research on the Education of Students Placed at Risk	Kids Peace National Center	Rape, Abuse, and Incest National Network

- Al-Anon/Al-Ateen Family Groupshelp families and friendsof alcoholics recover from the effects of living with the problem drinking of a relative or friend. Alateen is our recovery program for young people.
- American Institute of Stress is committed to exploring and emphasizing the extraordinary potential for each of us to assume an active role in preventing disease and promoting health.
- Arizona Prevention Resource Center serves Arizona as a statewide resource center, providing accessible technical assistance on a variety of prevention and health promotion issuesthrough training, information dissemination and program evaluation.
- Center on Addiction and Substance Abuse aims to 1) inform Americans ofthe economic and social costs of substance abuse and its impact on their lives; 2)ssess what works in prevention, treatment, and law enforcement; 3) encourage every individual and institution to take responsibility to combat substance abuse and addiction; 4) provide those on the front lines with the tools they need to succeed; and 5) remove the stigma of abuse and replace shame and despair with hope.

- Center for Mental Health in Schools approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Its mission is to improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.
- Center for the Research on the Education of Students Placed at Risk research and development center that has launched a comprehensive school initiative to enhance achievement, academic environment, and quality of life.
- Center for School Mental Health Assistance provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs. It strives to support schools and community collaboratives in the development of programs that are accessible, family-centered, culturally sensitive, and responsive to local needs.
- Center for the Study & Prevention of Violence was founded in 1992 with a grant from the Carnegie Corporation of New York to provide informed assistance to groups committed to understanding and preventing violence, particularly adolescent violence. Since that time, our mission has expanded to encompass violence across the life course.
- Children of Alcoholics Foundationis a national non-profit that provides a range of educational materials and services to help professionals, children and adults break the intergenerational cycle of parental substance abuse.
- Coalition for Cohesive Policy in Addressing Barriers to Development and Learningis a broad-based, policy-oriented coalition of organizations who have a stake in addressing barriers to development, learning, and teaching, as well as a concern for promoting healthy development.
- Institute for the Study of Students at Risk "serves as a center for research and policy analysis on broad-based issues and concerns involving children, youth, and their families at risk." Site includes brief descriptions of projects and publications.
- Institute on Violence & Destructive Behavior empowers schools and social service agencies to address violence and destructive behavior, at the point of school entry and beyond, in order to ensure safety and to facilitate the academic achievement and healthy social development of children and youth.
- Justice Information Center-Juvenile Justiceprovides access to publications, websites and listservs concerning issues of juvenile justice.
- Keep Schools Safe Project provides up-to-date information on successful programs and ideas in order to help communities work toward safer schools and devise the most appropriate response to reducing youth violence.
- Kids Peace National Center offersa comprehensive continuum of kids' MH treatment programs -- also acts as a national liaison for intervention services, and educates kids, parents and professionals around the globe in how to avert crisis.
- Making the Grade "is a national program of the Robert Wood Johnson Foundation" that focuses on supporting "state-community partnerships to establish comprehensive school-based health centers."
- National Clearinghouse for Alcohol and Drug Information is the information service of the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health & Human Services. NCADI is the Nation's one-stop resource for the most current and comprehensive information about substance abuse prevention and treatment.
- National Clearinghouse on ChildAbuse and Neglect Information is a national resource for professionals seeking information on the prevention, identification, and treatment of child abuse and neglect and related child welfare issues.
- National Mental Health and Education Center is operated by the National Association of School Psychologists (NASP) to improve the professional training and practices of school psychologists and pupil service providers.
- Policymaker Partnership operates to increase the capacity of policymakers to act as informed change agents who are focused on improving educational outcomes for students with disabilities.
- Policy Leadership Cadre for Mental Health in Schools seeks to expand, link, and build the capacity of the pool of persons who provide policy leadership for MH in schools at national, state, regional, and local levels.
- Prevent Child Abuse America is dedicated to making the health and well-being of children a top priority for everyone. Its programs, research, media campaigns, and activities at the state and local levels have provided leadership to child abuse prevention efforts nationwide.
- Rape, Abuse, and Incest National Network operates America's only national hotline for survivors of sexual assault. The hotline offers free, confidential counseling and support 24 hours a day, from anywhere in the country.
- Safe Schools/Healthy Students Action Center assists and supports the Safe Schools/Healthy Students and School Action Grantees in the development and sustainability of peaceful and healthy communities. Site includes a searchable clearinghouse of resources and upcoming events.
- School Health Resources Services (SHRS) is "a network of services designed as a coordinating link between you and the informationavailable from school health, maternal and child health, education and other disciplines. SHRS provides you with technical information, resource materials, and research assistance."
- School Psychology On-Lineis "a directory of information" availableon the web "for school psychologists, school counselors, teachers, parents, and other professionals."
- Suicide Information and Education Center is a special library and resource centre providing information on suicide and suicidal behaviour. The Suicide Prevention Training Programs (SPTP) provides caregiver training in suicide intervention, awareness, bereavement, crisis management and related topics
- The Suicide Prevention Advocacy Network is dedicated to the creation of an effective national suicide prevention strategy. SPAN links the energy of those bereaved by suicide with the expertise of leaders in science, business, government and public service to achieve the goal of significantly reducing the national rate of suicide by the year 2010.

III. Concerns Related to Children's Psychosocial Problems (cont.)

Associations

Group A

American Association of Suicidology	American Council on Drug Education	American School Counselor Association
National Assembly on School-Based Healt Care	National Association of School Psychologists	National Association of Social Workers
National Council on Alcoholism and Drug Dependency		
Group B		
American Association of Pastoral Counselors	American Foundation for Suicide Preventio	American Professiona Society on the Abuse of Children
American School Health Association	Foundation Consortium for School-Linked Services	National Alliance for Safe Schools
National Association of School Nurses	School Social Work Association of America	

- American Association of Pastoral Counselors offers vital continuing education opportunities for pastoral counselors; encourages networks of members; facilitates growth and innovation in theministry of pastoral counseling; and provides both specialized in-service training and supervision in pastoral counseling.
- American Association of Suicidology is dedicated to the understanding and prevention of suicide. This site is designed as a resource for anyone concerned about suicide, including AAS members, suicide researchers, therapists, prevention specialists, survivors of suicide, and people who are themselves in crisis.
- American Council on Drug Education is a substance abuse prevention and education agency that develops programs and materials based on the most current scientific research on drug use and its impact on society.
- American Foundation for Suicide Prevention is dedicated to advancing knowledge of suicide and our ability to prevent it.
- American Professional Society on the Abuse of Children's mission is to ensure that everyone affected by child maltreatment receives the best possible professional response.
- American School Counselor Association is the national organization that represents the profession of school counseling. ASCA focuses on providing professional development, enhancing school counseling programs, and researching effective school counseling practices. Their mission is to promote excellence in professional school counseling and the development of all students.
- American School Health Association unites the many professionals working in schools who are committed to safeguarding the health of school-aged children.
- Foundation Consortium for School-Linked Servicesimproves the well being of California's children and their families by making the Community Approach the standard for child and family support programs throughout the state.
- National Alliance for Safe Schools provides training, technical assistance, and publications to school districts interested in reducing school based crime and violence.
- National Assembly on School-Based Health Care is dedicated to promoting accessible, quality school-based primary health and mental health care for children and youth through interdisciplinary and collaborative efforts.
- National Association of School Psychologists(NASP) promotes educationally and psychologically healthy environments for all children and youth by implementing research-based, effective programs that prevent problems, enhance independence, and promote optimal learning. This is accomplished through state-of-the-art research and training, advocacy, ongoing program evaluation, and caring professional service.
- National Association of School Nurses improves the health and educational success of children and youth by developing and providing leadership to advance school nursing practice.
- National Association of Social Workers works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.
- National Council on Alcoholism and Drug Dependency advocates prevention, intervention, research and treatment and is dedicated to ridding the disease of its stigma and its sufferers from their denial and shame.
- School Social Work Association of America serves school social workers in 50 states. Their mission is to promote the profession of School Social Work and the professional development of School Social Workers in order to enhance the educational experiences of students and their families. An excellent link to state and regional school social work associations.

III. Concerns Related to Children's Psychosocial Problems (cont.)

Government Agencies

Office of Adolescent Health / Mental Health in Schools	Healthy Schools Healthy Communities Program	Coordinated School Health Program
Center for Mental Health Services	Center for Sub. Abuse Treatment	Center for Sub. Abuse Prevention
National Institute on Drug Abuse	National Institute on Alcohol Abuse and Alcoholism	National Inst. of Child Health & Human Develop.
National Institute of MH	Anxiety Disorders Educ. Program	Depression Education Program
Bipolar Disorder Program	Department of Justice	Office of Juvenile Justice & Delinquency Prevention
National Center for Child Abuse and Neglect	Office for Victims of Crime	National Inst. on the Educ. of At-Risk Students
Office of Elem. & Sec. Educ.		

- Dept of Health & Human Services
  - HRSA
    - Bureau of Maternal & Child Health
      - Office of Adolescent Health (MH in Schools Initiative) -- charged with primary responsibility for promoting and improving the health of our Nation's mothers and children.
      - Bureau of Primary Health Care
      - Healthy Schools Healthy Communities Program provides comprehensive primary care and preventive health care services including ancillary and enabling services.
  - CDC
    - Division of Adolescent and School Health (DASH)
      - Coordinated School Health Program's mission is to prevent the most serious health risk behaviors among children, adolescents and young adults.
- SAMHSA
    - Center for Mental Health Services leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.
    - Center for Substance Abuse Treatment works to increase the awareness of providers and the public about substance abuse issues. They provide current information about substance abuse issues, descriptions of programs, and educational materials.
    - Center for Substance Abuse Prevention connects people and resources to innovative ideas and strategies, and encourages efforts to reduce and eliminate alcohol, tobacco, and illicit drug problems both in the United States and internationally.
  - National Institutes of Health
    - National Institute on Drug Abuse works to further the understanding of how drugs affect the brain and behavior, and to ensure the rapid and effective transfer of scientific data to health care practitioners and the general public.
    - National Institute on Alcohol Abuse and Alcoholism supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems.
    - National Institute of Child Health & Human Development conducts and supports research on reproductive, neurobiologic, developmental, and behavioral processes that determine and maintain health of children, adults, families, and populations.
    - National Institute of Mental Health achieves better understanding, treatment and, eventually prevention of mental illness.
      - Anxiety Disorders Education Program increases awareness among the public and health care professionals that anxiety disorders are real medical illnesses that can be effectively diagnosed and treated.
      - Depression Education Program lists symptoms of depression, gives possible causes, tells how depression is diagnosed, and discusses available treatments.
      - Bipolar Disorder Program describes the disorder; gives signs and symptoms, types of treatment, and how to find help.
- Department of Justice's mission is to enforce the law, provide Federal leadership in preventing and controlling crime, to seek just punishment for those guilty of unlawful punishment, and to ensure fair and impartial administration of justice for all Americans.
  - Office of Juvenile Justice & Delinquency Prevention's web site contains information on how OJJDP is organized, how to contact staff members, and what resources are available for further information.
    - National Center for Child Abuse and Neglect is the primary Federal agency with responsibility for assisting States and communities in the prevention, identification, and treatment of child abuse and neglect.
  - Office of Justice Programs
    - Office for Victims of Crime oversees programs which benefit victims of crime, and supports educational training programs regarding the rights and needs of crime victims.
- Deptartment of Education
  - Office of Educational Research and Improvement
    - National Institute on the Education of At-Risk Students supports a range of research and development activities designed to improve the education of students at risk of educational failure because of limited English proficiency, poverty, race, geographic location, or economic disadvantage.
  - Office of Elementary & Secondary Educ. Programs provides information on various educational programs and organizations.

III. Concerns Related to Children's Psychosocial Problems (cont.)

Listservs

- listserv@listserv.ucla.edu (mentalhealth-L) – General listserv for the Center for Mental Health in Schools
- lkuffner@naspweb.org – National Association of School Psychologists' (NASP) School Psychologists Action Network list
- listserv@listserv.ucla.edu (leaders-l) -- Listserv for the Leadership Policy Cadre for Mental Health in Schools
- listserv@listserv.ucla.edu (MHSection-l) -- National Assembly on School-Based Health Care (Mental Health Section)
- listserv@listserv.ucla.edu (copolicy-l) – Coalition for Cohesive Policy in Addressing Barriers to Development and Learning
- listserv@nic.surfnet.nl (BULLY-L) – Listserv concerning Bullying and Victimization in Schools
- listserv@maelstrom.stjohns.edu (AGGRESSION-PSYCHOLOGY) -- Listserv for the Psychology of Aggression
- listserv@umab.bitnet (DRUGABUS) – Listserv for Drug Abuse Education and Research
- listproc@services.dese.state.mo.us (STARNET) -- Listserv for Students at Risk Discussion

IV. Positive Social/Emotional Development and Prevention of Psychosocial/MH Problems

Major Centers...

Group A

Ctr. for Effective Collab.& Pract.	Center for MH in Schools	Ctr. for Soc. & Emotional Educ.
Center for School MH Assistance	Children Now	Collab. to Adv. Soc. & Emot. Learn.
Education Development Center	Georgetown University Child Development Center	Higher Education Center for Alcohol and Other Drug Prevention
National Mental Health and Education Center	Nat. Resource Ctr. for Infants & Toddlers with Special Health Care Needs and Their Families	North Carolina Center for the Prevention of School Violence
School Psychology On-line	School of the 21st Century Program	Yale Bush Center in Child Development and Social Policy
Group B		
Center for Collaboration for Children	Ctr. for Research on the Educ. of Students Placed at Risk	Children's Safely Network
Coalition for Community Schools	Developmental Research & Programs	GIRL POWER!
Hamilton Fish Nat. Institute on School and Community Violence	Institute for Educational Leadership	Institute for the Study of Students At Risk
Light for Life Foundation-Yellow Ribbon Program	Multisystemic Services	National Network for Youth
Nat. Resource Ctr. Safe Schools	National School Safety Center	National Youth Gang Center
Parents Resource Institute for Drug Education	Partnership for a Drug Free America	Partnerships Against Violence Network
Policy Leadership Cadre for Mental Health in Schools	Policymaker Partnership	Prevention Research Center
Primary Mental Health Project, Inc.	Regional Resource & Federal Centers (RRFC) Network	Safe Schools/Healthy Students Action Center
School Health Resources Services		

- Center for Collaboration for Children works to meet the needs of children and families by promoting collaborative, cross-agency efforts that use school-based and community-based models of serving the whole child in that child's family and community.
- Center for Effective Collaboration and Practice has resources on improving services to youth with emot. and beh. problems.
- Center for Mental Health in Schools approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development.
- Center for the Research on the Education of Students Placed at Risk research and development center, has launched a compreh. school initiative to enhance achievement, academic environment, and quality of life for students, teachers, and parents.
- Center for Social & Emotional Education brings together the fields of education, medicine, child development, research science and human behavior, to focus on promoting social and emotional learning and literacy in pre-K through 12th grade children.
- Center for School Mental Health Assistance provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs.
- Children Now nonpartisan voice for children, working to translate the nation's commitment to children and families into action.
- Children's Safety Network provides resources and technical assistance to maternal and child health agencies and other organizations seeking to reduce unintentional injuries and violence to children and adolescents.
- Coalition for Community Schools works to improve education and help students learn and grow while supporting and strengthening their families and communities.
- Collaborative to Advance Social and Emotional Learning's mission is to establish social and emotional learning (SEL) as an integral part of education from preschool through high school.
- Developmental Research & Programs translates current research findings into programs and services for promoting the healthy development of children and families in communities.
- Education Development Center seeks to bring researchers and practicioners together to create tools and conditions for learning, reaching people of all ages, backgrounds, and abilities.
- Georgetown University Child Development Center was established to improve the quality of life for all children and youth, especially those with, or at risk for, special needs and their families.
- GIRL POWER! national public education campaign sponsored by the U.S. DHHS to encourage and motivate 9- to 14- year-old girls to make the most of their lives -- targets health messages to the unique needs, interests, and challenges of girls.
- Hamilton Fish National Institute on School and Community Violence was founded in 1997 to serve as a national resource to test the effectiveness of school violence prevention methods and to develop more effective strategies.
- Higher Education Center for Alcohol and Other Drug Prevention provides support to all institutions of higher education in their efforts to address alcohol and other drug problems and is funded by the U.S. Department of Education.
- Institute for Educational Leadership aims to improve education -- and the lives of children and their families.
- Institute for the Study of Students At Risk serves as a center for research and policy analysis on broad-based issues and concerns involving children, youth, and their families at risk. Site includes brief descriptions of projects and publications.
- Light for Life Foundation-Yellow Ribbon Program suicide prevention program with chapters around the world, presenting workshops and support for teens in trouble.
- Multisystemic Services provides info. on MST, a treatment methodology for serious, violent, and chronic juvenile offenders.
- National Mental Health and Education Center works to provide support for children/families and improve professional training and practices of school psychologists and pupil service providers. Dedicated to ensuring children receive optimum services.
- National Network for Youth informs public policy, educates the public and strengthens the field of youth work.
- National Resource Center for Infants and Toddlers with Special Health Care Needs and Their Families' aim is to strengthen and support families, practitioners and communities to promote the healthy development of babies and toddlers.
- National Resource Center for Safe Schools works with schools, communities, state and local education agencies, and other concerned individuals and agencies to create safe learning environments and prevent school violence.
- National School Safety Center serves as a catalyst and advocate for prevention of school crime and violence by providing info and resources and identifying strategies and promising programs which support safe schools for school children worldwide.
- National Youth Gang Center expands and maintains critical knowledge about youth gangs and effective responses to them.
- North Carolina Center for the Prvention of School Violence a primary point of contact for dealing with school violence.
- Parents Resource Institute for Drug Education is the largest and oldest organization devoted to drug- and violence-free youth.
- Partnership for a Drug Free America is a private non-profit, non-partisan coalition of professionals from the communications industry. Our mission is to reduce demand for illicit drugs in America through media communication.
- Partnerships Against Violence Network is a "virtual library" of information about violence and youth-at-risk, representing data from seven different Federal agencies.
- Policy Leadership Cadre for Mental Health in Schools seeks to expand, link, and build the capacity of the pool of persons who provide policy leadership for MH in schools at national, state, regional, and local levels.
- PolicymakerPartnership operates to increase the capacity of policymakers to act as informed change agents who are focused on improving educational outcomes for students with disabilities.
- Prevention Research Center aims to promote the well-being of children and youth and to reduce the prevalence of high-risk behaviors and poor outcomes in children, families and communities.
- Primary Mental Health Project Inc. prevention programs and interventions to enhance children's social and emotional adjustment and strengthen their adaptive skills.
- Regional Resource & Federal Centers (RRFC) Network supports a nationwide technical assistance network to respond to the needs of students with disabilities, especially students from under-represented populations.
- Safe Schools/Healthy Students Action Center assists and supports the Safe Schools/Healthy Students and School Action Grantees in the development and sustainability of peaceful and healthy communities.
- School Health Resources Services is a network of services designed as a coordinating link to info available from school health, maternal and child health, education and other disciplines.
- School Psychology On-line info on the web for school psychologists, counselors, teachers, parents, and other professionals.
- School of the 21st Century a national school-based/linked program providing early care, education, and family support services.
- Yale Bush Center in Child Development and Social Policy aims to to bring research-based knowledge of child development to the federal and state policy arenas in an effort to improve social policy affecting the lives of children and families.

IV. Positive Social/Emotional Development and Prevention of Psychosocial/MH Problems (cont.)

Associations

Group A

American School Counselor Association	National Assembly on School-Based Health Care	National Association of School Psychologists
National Association of Social Workers	National Mental Health Association	

Group B

American Psychological Association	American School Health Association	Foundation Consortium
National Association of School Nurses	National Council on Family Relations	National Organization of Black Law Enforcement Executives
School Social Work Association of America	Society for Prevention Research	Society for Research in Child Development

- American Psychological Associationis the largest scientific and professional organization respresenting psychology in the United States, working to advance psychology as a science, a profession, and a means of promoting human welfare.
- American School Counselor Association focuses on providing professional development, enhancing school counseling programs, and researching effective school counseling practices.
- American School Health Association unites the many professionals working in schools who are committed to safeguarding the health of school-aged children.
- Foundation Consortium improves the well being of California's children and their families by making the Community Approach the standard for child and family support programs throughout the state.
- National Assembly on School-Based Health Care promotes accessible, quality school-based primary healthand mental health care for children and youth through interdisciplinary and collaborative efforts.
- National Association of School Psychologistspromotes educationally and psychologically healthy environments for all children and youth by implementing research-based, effective programs that prevent problems, enhance independence, and promote optimal learning.
- National Association of School Nurses improves the health and educational success of children and youth by developing and providing leadership to advance school nursing practice.
- National Association of Social Workers works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.
- National Council on Family Relationsprovides a forum for family researchers, educators, and practitioners to share in the development and dissemination of knowledge about families andfamily relationships, establishes professional standards, and works to promote family well-being.
- National Mental Health Association nationally recognized resource for information on mental illnesses and treatments, and referrals for local treatment services.
- National Organization of Black Law Enforcement Executivesutilizes mentoring, training, and research to lead in the development of strategies in the law enforcement community that fosters diversity, develops community partnerships to reduce crimes,and address professional misconduct.
- School Social Work Association of Americaserves school social workers in 50 states. Their mission is to promote the profession of School Social Work and the professional development of School Social Workers in order to enhance the educational experiences of students and their families. An excellent link to state and regional school social work associations.
- Society for Prevention Research is a professional organization focused upon the advancement of science-based prevention programs and policies through empirical research.
- Society for Research in Child Developmentpromotes multidisciplinary research in the field of human development, to foster the exchange of information among scientists and other professionals of various disciplines, and to encourage applications of research findings.

IV. Positive Social and Emotional Development & Prevention of Psychosocial andMH Problems (cont.)

Government Agencies

Office of Adolescent Health /MH in Schools Initiative	Health Schools Healthy Communities Program	Coordinated School Health Program
Center for Mental Health Services	Center for Substance Abuse Prevention	Safe and Drug Free Schools Program
Middle School Coordinators Initiative	National Institute on Early Child Development and Education	National Institute of Child Health & Human Development
Office of Juvenile Justice and Delinquency Prevention		

- Dept. of Health & Human Services
  - HRSA
    - Bureau of Maternal & Child Health
      - Office of Adolescent Health / Mental Health in Schools Initiative is charged with the primary responsibility for promoting and improving the health of our nation's mothers and children.
    - Bureau of Primary Health Care
      - Healthy Schools Healthy Communities Program provides comprehensive primary care and preventivdhealth care services including ancillary and enabling services.
  - CDC
    - Division of Adolescent and School Health (DASH)
      - Coordinated School Health Program's mission is to prevent the most serious health risk behaviors among children, adolescents and young adults.
  - SAMHSA
    - Center for Mental Health Services leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.
    - Center for Substance Abuse Prevention connects people and resources to innovative ideas and strategies, and encourages efforts to reduce and eliminate alcohol, tobacco, and illicit drug problems both in the United States and internationally.
- Dept. of Education
  - Safe and Drug Free Schools Program is the Federal government's primary vehicle for reducing drug, alcohol and tobacco use, and violence, through education and prevention activities in our nation's schools.
  - Middle School Coordinators Initiative's purpose is to help school districts recruit, hire, and train drug prevention and school safety coordinators in middle schools.
  - National Institute on Early Child Development and Education sponsors comprehensive and challenging research in order to help ensure that America's young children are successful in school and beyond -- and to enhance their quality of life and that of their families.
- National Institutes of Health
  - National Institute of Child Health & Human Development conducts and supports research on the reproductive, neurobiologic, developmental, and behavioral processes that determine and maintain the health of children, adults, families, and populations.
- Dept. of Justice
  - Office of Justice Programs
    - Office of Juvenile Justice & Delinquency Prevention's web site contains information on how OJJDP is organized, how to contact staff members, and what resources are available for further information.

IV. Positive Social and Emotional Development & Prevention of Psychosocial and MH Problems (cont.)

Listservs

> listserv@listserv.ucla.edu (mentalhealth-L) -- General listserv for the Center for Mental Health in Schools
> lkuffner@naspweb.org – National Association of School Psychologists' (NASP) School Psychologists Action Network list
> listserv@listserv.ucla.edu (leaders-l) --Listserv for the Leadership Policy Cadre for Mental Health in Schools
> listserv@listserv.ucla.edu (MHSection-l) -- Listserv for the National Assembly on School-Based Health Care (Mental Health Section)
> jmatja1@uic.edu (FCASEL) -- Listserv for "Friends of CASEL" which keeps scientists, practitioners, educators, and interested citizens up-to-date on issues and news related to social and emotional learning.
> mcasel@listserv.uic.edu (MCASEL) --Listserv for MCASEL, a discussion-oriented list comprised of a network of professionals, parents, and others who wish to share information or discuss issues related to social and emotional learning.
> edprepworkgroup@listserv.uic.edu (EDPREP) -- Listserv for EDPREP, a forum for those interested in issues and topics related to educator preparation and practice.
> listserve@agvax2.ag.ohio-state.edu (HDFL-Bulletin) -- Listserv for the Human Development and Family Life Education Resource Center Bulletin
> listproc@fhs.mcmaster.cs (CAVEAT-L) -- Listserv for Citizens Against Violence Everywhere Advocating its Termination
> listserv@maelstrom.stjohns.edu (COMMUNITY-PSYCHOLOGY) -- Listserv for Community Psychology
> listserv@brownvm.brown.edu (CESNEWS) -- Listserv for Coalition of Essential School News
> listserv@postoffice.cso.uiuc.edu (ECENET-L) -- Listserv for Early Childhood Education list
> listproc@inet.ed.gov (EDINFO) -- Listserv for Updates from the US Department of Education
> listserv@tc.umn.edu (CYF-L) – Discussion of Issues related to the health, education and well being of children, youth and families
> listserv@postoffice.cso.uiuc.edu (Resilience-L) – Discussion of resilience of children and families in the face of various adversities
> listserv@postoffice.cso.uiuc.edu (PARENTING-L) – Discussion group on topics related to parenting children(including child development, eduation, and care) from birth through adolescence

V. Others Focused on Addressing Barriers to Learning and Development

Major Centers...

Group A

Amer. Speech-Language-Hearing Assoc.	Appalachia Educational Laboratory	Bright Futures
Center for Collab. Strategies in Health	Council of Chief State School Officers	ERIC Clearinghouse
Family Education Network	Healthy Families	Knowledge Loom
Laboratory for Student Success	Mid-Continental Research for Education and Learning	National Adoption Information Clearinghouse
National Center for Children in Poverty	National Center for Education in Maternal and Child Health	National Center for Learning Disabilities
National Center to Improve Practice	National Child Care Information Center	National Clearinghouse on Families and Youth
National Dropout Prevention Center	National Early Childhood Technical Assistance System	National Educational Service
National Maternal and Child Health Clearinghouse	National Network for Child Care	North Central Regional Educational Lab
Northeast & Islands Regional Education Laboratory at Brown University	Northwest Regional Educational Laboratory	Pacific Resources for Education and Learning
Regional Educational Laboratory at SERVE	Southwest Educational Development Laboratory	WestEd
Group B		

Advocates for Youth	Center for Prevention Research and Development	Center for Substance Abuse Prevention Model Programs
Community Toolbox	Elementary and Middle Schools Technical Assistance Center	Families and Schools Together Program
Institute of Medicine-Board on Children, Youth and Families	Konopka Institute for Best Practices in Adolescent Health	National Adoption Center
National Education Association-Health Info	National Empowerment Center	National Health Information Center
National Network for Health	National Youth Development Information Center	Policymaker Partnership
Resource Center for Adolescent Pregnancy Prevention	Yale University - Child Study Center	
Group C		
Ctr. Research on Effective Schooling for Disadvantaged Students	Center for School Change	Girls Incorporated
National Adolescent Health Information Center	National Coalition of Hispanic Health and Human Services Organizations	National Information Center on Deafness
National Longitudinal Study of Adolescent Health		

- Advocates for Youth is dedicated to creating programs and promoting policies which help young people make informed and responsible decisions about their sexual health.
- American Speech-Language-Hearing Association promotes interests of and provides high quality services for professionals in audiology, speech-language pathology, and speech and hearing science, and to advocate for people with communication disabilities.
- Appalachia Educational Laboratory is a nonprofit, regionally oriented education research, development, and service institution. AEL works closely with schools, school districts, and states to develop, test, and refine practical products and processes.
- Bright Futures aims to respond to current and emerging preventive and health promotion needs of infants, children, adolescents, families, and communities through the website and guidelines available online.
- Center for Collaborative Strategies in Health aims to help partnerships, funders, and policy makers realize the full potential of collaboration to improve community health and the functioning of health systems.
- Center for Prevention Research and Development is a unit within the University of Illinois dedicated to the application of research to public service to improve the lives of children and families, especially those in disadvantaged environments.
- Center for Research on Effective Schooling for Disadvantaged Students seeks to improve the education for disadvantaged students through research and development of guiding concepts, effective practices and programs.
- Center for School Change works with educators, parents, business people, students, policy-makers to increase student achievement, raise graduation rates, improve students' attitudes, and strengthen communities.
- Center for Substance Abuse Prevention Model Programs to prevent substance abuse thru positive change in the lives of youth.
- Community Toolboxsimple, friendly language explaining how to do tasks necessary for community health and development.
- Council of Chief State School Officers works on behalf of the state agencies that serve pre K-12 students thoughout the nation.
- Elementary and Middle Schools Technical Assistance Center's mission is to identify and meet the technical assistance needs of elementary and middle schools to improve educational outcomes for children with disabilities.
- ERIC Clearinghouse gathers and disseminates professional literature, info, and resources on education and development
- Family Education Network is dedicated to helping children succeed in school.
- Families and Schools Together Program builds protective factors on multiple levels around children identified by teachers as being at risk of failure in school.
- Girls Incorporated is a national youth organization dedicated to "inspiring all girls to be strong, smart and bold."
- Healthy Familiesis a state and federal funded health coverage program for children with family incomes above the level eligible for no cost Medi-Cal and below 250% of the federal income guidelines.

- Institute of Medicine-Board on Children, Youth and Familiesto improve health by providing objective, timely, authoritative informationand advice concerning health and science policy to government, the corporate sector, the professions and the public.
- Knowledge Loom is a place for educators worldwide to do the following: review research that identifies best practices related to various themes, view stories about the practices in real schools/districts, learn to replicate the success of these practices, add your own stories, knowledge, questions, participate in online events and discussions, discover supporting organizations and resources.
- Konokpa Institute for Best Practices in Adolescent Health promotes the adoption and adaptation of strategies, policies and systems that show the greatest promise of supporting healthy youth development.
- Laboratory for Student Success works with teachers, parents, schools, state departments of education, community agencies, professional groups, and policymakers, learning from and building on their diverse expertise and strategies for student achievement.
- Mid-Continental Research for Education and Learning works with state and local educators, community members, and policymakers in using research to tackle the difficult issues of education reform and improvement.
- National Adolescent Health Information Center aims to improve the health of adolescents by serving as a national resource for adolescent health information and research and to assure the integration, synthesis, coordination and dissemination of info.
- National Adoption Center expands adoption opportunities for children with special needs and those from minority cultures.
- National Adoption Information Clearinghouseis a comprehensive resource on all aspects of adoption.
- National Center for Children in Poverty identifies and promotes strategies that prevent young child poverty in the United States, and that improves the life chances of the millions of children under age six who are growing up poor.
- National Center for Education in Maternal and Child Health provides national leadership to the maternal and child health community in three key areas--program development, policy analysis and education, and state-of-the-art knowledge.
- National Center for Learning Disabilities provides info., resources, and referral services; develops and supports innovative educational programs, seminars, and workshops; conducts public awareness campaign; and advocate for more effective policies.
- National Center to Improve Practice is committed to education that builds knowledge and skill, makes possible a deeper understanding of the world, and engages learners as active, problem-solving participants.
- National Child Care Information Center a resource that links info and people to complement, enhance, and promote the child care delivery system, working to ensure that all children and families have access to high-quality comprehensive services.
- National Clearinghouse on Families and Youthis the Family and Youth ServicesBureau's (FYSB's) central resource on youth and family policy and practice, connecting those interested in youth issues with the resources.
- National Coalition of Hispanic Health and Human Services Organizationsis dedicated to improving the health and psycho-social well-being of the nation's Hispanic population.
- National Dropout Prevention Center provides resources about the importance of a quality education and a high school diploma.
- National Early Childhood Technical Assistance Systemis a national technical assistance consortium working to support states, jurisdictions, and others to improve services and results for young children with disabilities and their families.
- National Education Association-Health Info provides health info to educational employees and the students they serve.
- National Education Service provides tested and proven resources to help those who work with youth create safe and caring schools, agencies, and communities where all children succeed.
- National Empowerment Center on recovery, empowerment, hope and healing for those diagnosed with mental illness.
- National Health Information Center is a health information referral service, brininging health professionals and consumers who have health questions in touch with those organizations that are best able to provide answers.
- National Information Center on Deafness contains information about the ear, hearing, and hearing health.
- National Longitudinal Study of Adolescent Healthschool-based study of health-related behaviors of adolescents in grades 7-12.
- National Maternal and Child Health Clearinghousecontains info on health resources, forums, publications, and links to sites.
- National Network for Child Care strives to increase and strengthen the quality of nonparental care environments through the Cooperative Extension System, and making research, resources, and best practices available nationally for direct local access.
- National Network for Health a collaborative of two Cooperative Extension System national initiatives, Children, Youth and Familiesat Risk (CYFAR) and Healthy People...Healthy Communities (HPHC). Facilitates collection, development, access and delivery of health related information and educational materials among the Land Grant Universities and the general public.
- National Youth Development Information Center provides practice-related information about youth development to national and local youth-serving organizations at low cost or no cost.
- North Central Regional Educational Lab is dedicated to helping schools -- and the students they serve--reach their full potential by drawing on the latest research and best practices to strengthen and support schools and communities.
- Northeast and Islands Regional Educational Laboratory at Brown Universityis one in a network of ten regional laboratories that are funded by the Office of Educational Research and Improvement of the U. S. Department of Education.
- Northwest Regional Educational Laboratory's mission is to improve educational results for children, youth, and adults by providing research and development assistance in delivering equitable, high-quality educational programs.
- Pacific Resources for Education and Learning is a nonprofit, 501(c)3 corporation that serves the Pacific educational community and its children to strengthen culture, increase literacy, and improve quality of life locally, nationally, and globally.
- Policymaker Partnership operates to increase the capacity of policymakers to act as informed change agents who are focused on improving educational outcomes for students with disabilities.
- Regional Educational Laboratory at SERVE works with state and local educators, community members, and policymakers in using research to tackle the difficult issues of education reform and improvement.
- Resource Center for Adolescent Prognancy Prevention provides practical tools and info to reduce sexual risk-taking behaviors.
- Southwest Educational Development Laboratory exists to challenge, support, and enrich educational systems in providing quality education for all learners.
- WestEd is a non-profit research, development and service agency dedicated to improving education and other opportunities for children, youth and adults by working with practitioners and policymakers to address issues in education and other related areas.
- Yale University - Child Study Centeris committed to the total development of all children by creating learning environments that support children's physical, cognitive, psychological, language, social, and ethical development.

V. Matters Relevant to Addressing Barriers to Learning and Development (cont.)

Associations

Group A

American Association on Mental Retardation	**American Humane Association-Children's Division**	**Association for Retarded Children**
Bazelon Center for Mental Health Law	**Child Welfare League of America**	**Children's Defense Fund**
Learning Disabilities Association of America	**National Governors' Association**	**National PTA**
Group B		
Alliance for Technology Access	**American Youth Policy Fund**	**Coalition for America's Children**
Commonwealth Fund	**Ewing Marion Kauffman Foundation**	**National Association for Down Syndrome**
National Organization for Victim Assistance		

- Alliance for Technology Accessaims to connect children and adults with disabilities to technology tools.
- American Youth Policy Forum is a nonpartisan professional development organization providing learning opportunities for policymakers working on youth issues at the local, state and national levels.
- American Association on Mental Retardation promotes global development and dissemination of progressive policies, sound research, effective practices, and universal human rights for people with intellectual disabilities.
- American Humane Association-Children's Divisionimproves and enhances public and private child welfare systems so that they can respond more effectively to the needs of abused and neglected children.
- Association for Retarded Citizens works through education, research and advocacy to improve the quality of life for children and adults with mental retardation and their families and works to prevent both the causes and the effects of mental retardation.
- Bazelon Center for Mental Health Law is a nonprofit legal advocacy organization based in Washington D.C. Our advocacy is based on the principle that every individual is entitled to choice and dignity.
- Child Welfare League of America is an association of more than 1,100 public and not-for-profit agencies devoted to prevention and treatment of child abuse and neglect.
- Children's Defense Fund provides a voice for all the children of America whocannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities.
- Coalition for America's Childrenis an alliance of national, state, and local nonprofit organizations workingto call attention to the serious obstacles impeding children's well-being and to boost children's concerns to the top of the public policy agenda.
- CommonwealthFund supports independent research on health and social issues and makes grants to improve health care practice and policy. disabilities.
- Ewing Marion Kauffman Foundation's mission is to research and identify unfulfilled needs of society and to develop, implement and/or fund breakthrough solutions that have a lasting impact and offer people a choice and hope for the future. The Kauffman Foundation's work is focused on two areas: Youth Development and Entrepreneurial Leadership. disabilities.
- Learning Disabilities Association of Americadevoted to defining and finding solutions for the broad spectrum of LD.
- National Association for Down Syndromeaims to 1) promote an environment which fosters the growth and development of people with Down syndrome to enablethem to achieve their full potential; 2) provide support and information on Down syndrome to parents; and 3)disseminate up-to-date information on Down syndrome.
- National Governors' Association aids the Governors in identifying priority issues and dealing collectively with issues of public policy and governance at both the national and state levels.
- National Organization for Victim Assistance is a private, non-profit, 501(c)(3) organization of victim and witness assistance programs and practitioners, criminal justice agencies and professionals, mental health professionals, researchers, former victims and survivors, and others committed to the recognition and implementation of victim rights and services.
- National PTA is dedicated to 1) supporting and speaking on behalf of children and youth in the schools, in the community and before governmental bodies and other organizations that make decisions affecting children; 2) assisting parents in developing the skills they need to raise and protect their children; and 3)encouraging parent and public involvement in the public schools

V. Matters Relevant to Addressing Barriers to Learning and Development (cont.)

Government Agencies

Administration on Children, Youth, and Families	**Agency for Health Care Policy and Research**	**Rural Information Center Health Service**
Children and Youth	**Department of Education**	**Office for Civil Rights**
National Institute on Deafness and Other Communication Disorders	**Council on Youth Violence**	

- Dept. of Health & Human Services
  - Administration on Children, Youth, and Families -- administers social services that promote positive growth and development, protective services and shelter for children and youth in at-risk situations; child care for working families and families on public assistance, and adoption for children with special needs.
  - Agency for Health Care Policy and Research -- conducts research designed to improve the quality of healthcare, reduce its cost, improve patient safety, decrease medical errors, and broaden access to essential services.
  - Rural Information Center Health Service -- addresses issues such as recruitment and retention of health care personnel, programs for special populations, facilities administration, network development and innovative service delivery.
  - Office of the Assistant Secretary for Planning and Evaluation
    > Human Services Policy (HSP)
    - Children & Youth Policy -- an area covered by HSP, that focuses on welfare, poverty, service delivery issues, data for research, policies affecting children, youth, and families, and economic matters affecting the Department.
- Department of Education -- ensures equal access to education and promotes educational excellence for all Americans.
- Office for Civil Rights -- ensures equal access to education and promotes educational excellence throughout the nation through vigorous enforcement of civil rights.
- National Institute on Deafness and Other Communication Disorders -- conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, smell, taste, voice, speech, and language.
- The White House
- Council on Youth Violence -- created by Pres. Clinton to ensure the government's efforts are effective and well-coordinated.

V. Matters Relevant to Addressing Barriers to Learning and Development (cont.)

Listservs

- listserv@kentvm.bitnet (CDMAJOR) -- Listserv for Communication Disorders
- listserv@rpitsvm.bitnet (COMMDIS) -- Listserv for Speech Disorders
- listserv@bgu.edu (STUT-HELP) -- Listserv for Stutterer/Family Support
- listserv@relay.adp.wisc.edu (DDHEALTH) -- Listserv for the health of people with developmental disabilities
- listserv@uga.cc.uga.edu (CSHCN-L) -- Listserv for issues about children with special health care needs
- ld-list-request@east.pima.edu (LD-LIST) -- Listserv for Learning Disability Information Exchange
- listserv@sjuvm.stjohns.edu(ALTLEARN) -- Listserv for alternative approaches to learning for those with phsycial disabilities - for professionals.
- majordomo@bga.com (MRDEAF-L) -- Listserv for Education of the mentally retarded deaf
- listserv@vm1.nodak.edu (DOWN-SYN) -- Listserv for Down Syndrome
- majordomo@counterpoint.com (FRAGILEX) -- Listserv for Fragile X Syndrome
- listserv@home.ease.lsoft.com (HEALTHPOL) -- Listserv for Health Policy
- listserv@asu.edu (AERA-E) -- American Educational Research Assoc.- Listserv for Counseling & Human Development

Appendix D

Frameworks Related to Rethinking Roles, Functions, Development, & Credentialing of Pupil Services Personnel

Framework 1

Areas of function, levels of professional development, and nature & scope of competencies. The first framework outlines three basic dimensions that should guide development of programs to prepare pupil personnel professionals. As illustrated on the next page, the following four major areas of function are conceived.

(1) direct interventions with students and families

(2) interventions to enhance systems within schools

(3) interventions to enhance *school-community linkages & partnerships*

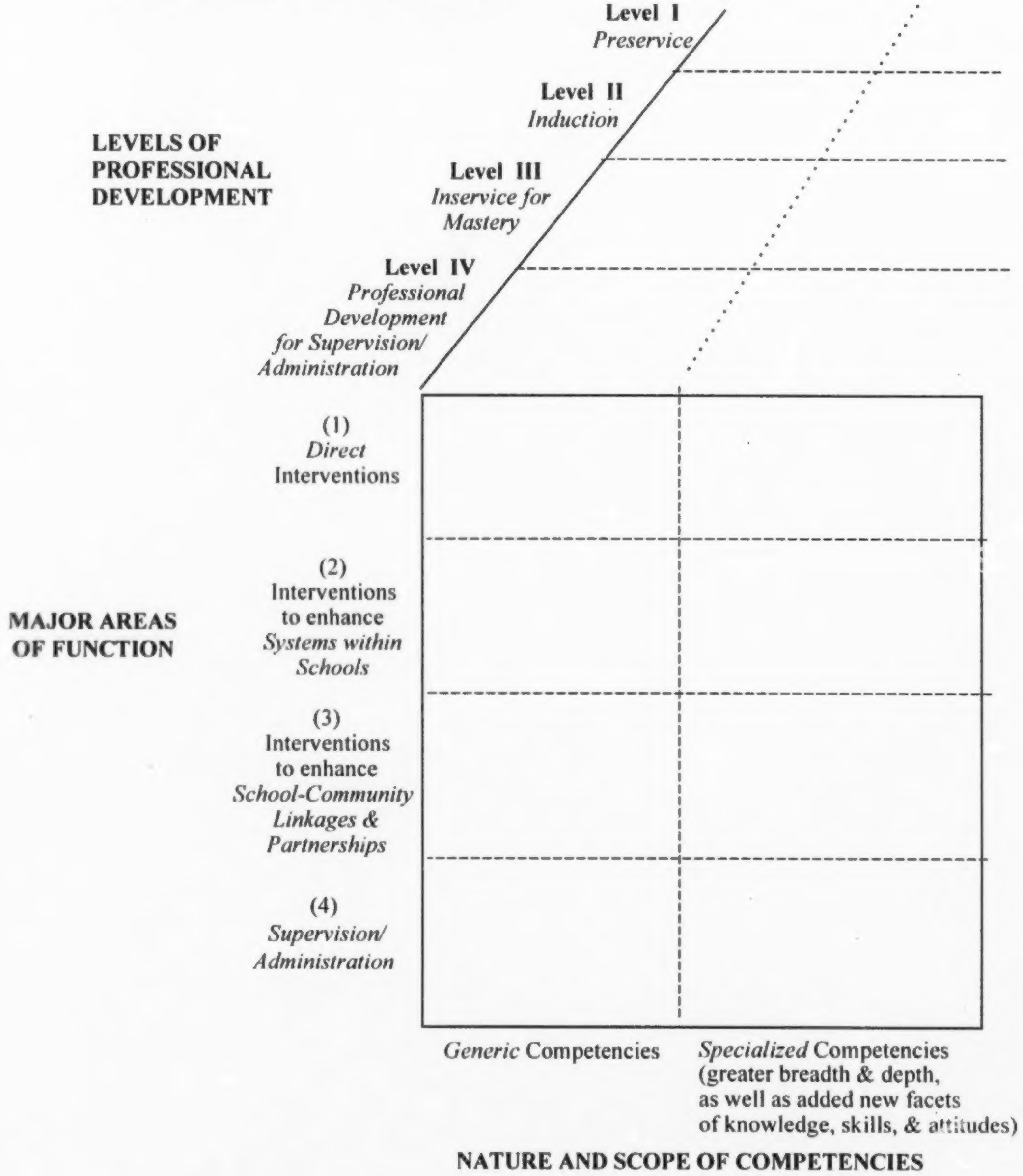
(4) supervision/administration

Within each of these areas are sets of generic and specialized competencies. The many competencies are learned at various levels of professional development. There is a need to develop criteria with respect to each of these areas. (See examples in the exhibit following the framework.) Of course, the number of criteria and the standards used to judge performance should vary with the specific job assignment and level of professional development.

Although some new knowledge, skills, and attitudes are learned, *specialized* competence is seen as emerging primarily from increasing one's breadth and depth related to generic competencies. Such specialized learning, of course, is shaped by one's field of specialization (e.g., school counselor, psychologist, social worker), as well as by prevailing views of job demands (e.g., who the primary clientele are likely to be, the specific types of tasks one will likely perform, the settings in which one will likely serve).

Note that most competencies for supervision/administration are left for development at Level IV. Also note that cross-cutting all dimensions are foundational knowledge, skills, and attitudes related to areas such as (a) human growth, development, and learning, (b) interpersonal/ group relationships, dynamics, and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, (g) applications of advanced technology.

Framework 1. Areas of Function, Levels of Professional Development, & Nature & Scope of Competencies


Level I
Preservice
Level II
Induction
LEVELS OF PROFESSIONAL DEVELOPMENT
Level III
Inservice for Mastery
Level IV
Professional Development for Supervision/ Administration
MAJOR AREAS OF FUNCTION
(1) *Direct* Interventions
(2) Interventions to enhance *Systems within Schools*
(3) Interventions to enhance *School-Community Linkages & Partnerships*
(4) *Supervision/ Administration*
Generic Competencies
Specialized Competencies (greater breadth & depth, as well as added new facets of knowledge, skills, & attitudes)
NATURE AND SCOPE OF COMPETENCIES

Notes:

Cross-cutting all dimensions are foundational knowledge, skills, and attitudes related to such topics as (a) human growth, development, and learning, (b) interpersonal/group relationships, dynamics and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, and (g) applications of advanced technology.

(a) *Direct* interventions = implementing one-to-one, group, or classroom programs and services

(b) Interventions to enhance *systems within schools* = coordination, development, & leadership related to programs, services, resources, and systems

(c) Interventions to enhance *school-community linkages & partnerships* = connecting with community resources

(d) *Supervision/Administration* = responsibility for training pupil personnel and directing pupil personnel services and programs

Exhibit: Examples of Generic Criteria for Staff Performance in Each Area of Function

(1) Direct interventions with students and families

Student support – demonstrates the ability to plan, implement, and evaluate programs and services that equitably address barriers to learning and promote healthy development among a diverse range of students (e.g., developmental and motivational assessments of students, regular and specialized assistance for students in and outside the classroom, prereferral interventions, universal and targeted group interventions, safe and caring school interventions; academic and personal counseling; support for transitions)

Family assistance – demonstrates the ability to plan, implement, and evaluate programs and services for students' families whenever necessary to enhance student support (e.g., providing information, referrals, and support for referral follow-through; instruction; counseling; home involvement)

(2) interventions to enhance *systems within schools*

Coordination and integration of programs/services/systems – demonstrates the ability to plan, implement, and evaluate*mechanisms* for collaborating with colleagues to ensure activities are carried out in the most equitable and cost-effective manner consistent with legal and ethical standards for practice (examples of mechanisms include case-oriented teams; resource-oriented teams; consultation, coaching, and mentoring mechanisms; triage, referral, and care monitoring systems; crisis teams)

Development of program/service/systems – demonstrates the ability to enhance development of a comprehensive, multifaceted, and integrated continuum of interventions for equitably addressing barriers to learning and promoting healthy development among a diverse range of students and their families (e.g., collaborates in improving existing interventions; collaborates to develop ways to fill gaps related to needed prevention programs, early-after-onset interventions, and assistance for students with severe and/or chronic problems; incorporates an understanding of legal and ethical standards for practice)

(3) interventions to enhance *school-community linkages & partnerships*

Coordination and integration of school-community resources/systems – demonstrates the ability to plan, implement, and evaluate*mechanisms* for collaborating with community entities to weave together school and community resources and systems to enhance current activity and enhance development of a comprehensive, multifaceted, and integrated continuum of interventions for equitably addressing barriers to learning and promoting healthy development

(4) supervision/administration

Supervision of professionals-in-training and induction of new staff -- demonstrates the ability to coach, mentor, and supervise professionals-in-training and newly hired pupil services personnel both with respect to generic and speciality functions

Administrative leadership in the district -- demonstrates the ability to participate effectively in District decision making to advance an equitable and cost-effective role for pupil services personnel in addressing barriers to learning and promoting healthy development

In addition to the above, each field (e.g., school psychology, counseling, social work) will want to add several specialized competencies.

Framework 2

Levels of competence and professional development and possible types of certification. The second framework stresses the need to articulate different levels of competence and clarify the level of professional development at which such competence is attained. It also highlights types of certification that might be attached to the different levels of competence and professional development.

Key outcome criteria for designing preservice programs (including internship) are conceived as developing at least the minimal level of competence necessary to qualify for initial employment. The appropriate certification at this level is described as a preliminary credential.

Criteria for professional development at Level II is defined as the level of competence necessary to qualify as a proficient school practitioner. This competence can be developed through on-the-job inservice programs designed to "Induct" new professionals into their roles and functions. Such an induction involves providing support in the form of formal orientation to settings and daily work activity, personalized mentoring for the first year on-the-job, and an inservice curriculum designed specifically to enhance proficient practice. At the end of one school year's employment, based on supervisor verification of proficient practice, a "clear credential" could be issued.

Both with respect to ongoing professional development and career ladder opportunities, availability of appropriate on-the-job inservice and academic programs offered by institutions for higher education is essential. These should be designed to allow professionals to qualify as master practitioners and, if they desire, as supervisors/administrators. At the same time, it is important to appreciate that few school districts are ready to accept formal certification at these levels as a requisite for hiring and developing salary scales. Thus, such certification is seen as something to be recommended -- not required.

Because of the many controversies associated with renewal of certification, the best solution may beto tie renewal to participation in formal on-the-job inservice programs. This presupposes that such inservicewill be designed to enhance relevant competencies for pupil service personnel.

Framework 2.

Levels of Competence and Professional Development and Possible Types of Certification

	LEVELS OF COMPETENCE	LEVELS OF PROFESSIONAL DEVELOPMENT	POSSIBLE TYPES OF CERTIFICATION	
ONGOING PROFESSIONAL DEVELOPMENT	Competencies to qualify as a *supervisor/ administrator*	**Level IV** Professional Development for Supervision/Admin.	Supervisory/ Administrative (recommended but not required)	RENEWAL
	Competencies to qualify as a *master practitioner*	**Level III** Inservice for Mastery	Master Practitioner (recommended, but not required)	
	Competencies to qualify as a *proficient school practitioner*	**Level II** Inservice for Induction (program to provide support for beginning professionals – orientations, mentoring, and inservice professional devel.)	Clear Credential	
	Minimal Competencies necessary to qualify for *initial employment*	**Level I** Preservice Education – including practicum and internship	Preliminary Credential	

Note:

Cross-cutting all levels of competence are foundational knowledge, skills, and attitudes related to such topics as (a) human growth, development, and learning, (b) interpersonal/group relationships, dynamics, and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, and (g) applications of advanced technology.

Generating generic and specialized competencies. To guide professional program design and evaluation and for purposes of evaluating candidates for certification, lists of competencies need to be generated. As already stressed, such competencies can be grouped with respect to cross-cutting foundational knowledge, skills, and attitudes and four general areas of function. Thus, *the foundational step* in listing competencies involves delineating what is to be learned related to each *cross-cutting area.*

Framework 3

As noted with respect to the four general areas of professional functions, the necessary competencies in each of these areas can be divided into those common to all pupil services personnel ("generics"), those common to more than one specialty but not shared by all (specialty overlaps), and specialized competencies unique to one specialty.

Logicallythe nature and scope of competencies listed for each level of professionai development varies. The process in generating competencies at each level should be done in steps. At Level 1, this involves delineating cross-cutting foundational knowledge, skills, and attitudes and then generating those generics and specialized competencies that provide at least the minimal level of competence necessary to qualify for initial employment. At subsequent levels of professional development and with respect to each area of function, the first step involves delineating generics
and the second step encompasses delineating specialized competencies for each specialization. In generating specialized competencies for school psychologists, and social workers, specialityoverlaps and perhaps previously unidentified generics are likely to emerge.

Note: The essential competencies for carrying out child welfare and attendance functions are seen as readily embedded in both the school counselor and school social work specialization and perhaps eventually in the school psychology specialization.

Framework *3.* **Steps for Generating Generic and Specialized Competencies**

Foundational Step: Delineate **cross-cutting foundational knowledge, skills, and attitudes** (e.g., related to topics such as (a) human growth, development, and learning, (b) interpersonal/group relationships, dynamics, and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, and (g) applications of advanced technology)

AREAS OF FUNCTION

NATURE AND SCOPE OF COMPETENCIES FOR LEVEL___

First Step: Delineate **generic competencies**

(1)
Direct
Interventions

1) ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
x) ______________________________

----

(2)
Interventions to
Enhance Systems
within Schools

1) ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
x) ______________________________

----

(3)
Interventions to
Enhance School-
Community
Linkages &
Partnerships

1) ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
x) ______________________________

----

(4)
Supervision/
Administration

1) ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
> ______________________________
x) ______________________________

Framework *3. (cont.)*

AREAS OF FUNCTION

NATURE AND SCOPE OF COMPETENCIES FOR LEVEL___

Second Step: Delineate **specialized competencies**
(greater breadth & depth, *as well as* added new facets of knowledge, skills, & attitudes)

		School Counselor	***School Psychologist***	***School Social Worker***
(1) Direct Interventions	1)			
	>			
	>			
	>			
	>			
	>			
	>			
	x)			
(2) Interventions to Enhance Systems within Schools	1)			
	>			
	>			
	>			
	>			
	>			
	>			
	x)			
(3) Interventions to Enhance School-Community Linkages & Partnerships	1)			
	>			
	>			
	>			
	>			
	>			
	>			
	x)			
(4) Supervision/ Administration	1)			
	>			
	>			
	>			
	>			
	>			
	>			
	x)			

About Reviewing Pupil Personnel Programs

Finally, a few words about developing standards for the operation of credentialing programs.

After the new set of competencies are delineated, there will be greater clarity about how to revise standards with respect to (1) institutional resources and coordination and (2) admission and candidate services.

In revising these particular sets of standards, the first concern is to clarify the necessary program *functions* for developing intended competencies at a specified level of professional development.

The next concern is to delineate the types of *structures,* specific *mechanisms,* and degree of *resources* essential for ensuring that program functions are well planned, implemented, and evaluated.

With specific respect to admission and candidate services, the ongoing concerns are to ensure that diversity and equity are appropriately addressed.

In clarifying expectations for various levels of institutional involvement, current standards should be extended. That is, in addition to evaluating the overall resources of the institution, reviews should clarify how resources are deployed at the level of (a) a school/department of education and (b) areas and the specific professional preparation programs within the school/department.

It also is essential to clarify the degree of coherence between the credential preparation program's curriculum and practicum and internship placements.

CONCLUDING COMMENTS

In the last part of the twentieth century, national goals for education as codified into law have called for ensuring (a) all children are ready to learn, (b) safe schools, and (c) partnerships to increase parent involvement and participation in promoting the social, emotional and academic growth of children. During the same period, initiatives to restructure community health and human services encompassed a major focus on linking services to schools. These ongoing forces and others will reshape the roles and functions of pupil services personnel. Such forces provide both a challenge and an opportunity for all pupil services personnel to play multifaceted roles -- providing services *and much more.*

Although some current roles and functions will continue, many will disappear, and others will emerge. Opportunities will arise for pupil services personnel not only to provide direct assistance, but to play increasing roles as advocates, catalysts, brokers, and facilitators of reform and to provide various forms of consultation and inservice training. All who work to address barriers to student learning must participate in capacity building activity that allows them to carry out new roles and functions effectively. This will require ending their marginalized status through full participation on school and district governance, planning, and evaluation bodies.

The new millennium marks a turning point for how schools and communities address the problems of children and youth. Currently being determined is: In what direction should we go? And who should decide this? It is essential that professionals at all levels inthe field find a place at the relevant tables to help shape the answers to these questions. And, it is essential that policy makers end the marginalization of such personnel by fully integrating pupil services professionals into initiatives to reform and restructure education.

Obviously, all this has major implications for professional development and certification. There is much work to be done.

Appendix E

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